



By requesting optional employee and/or dependent care coverage through the RSL BasicCare Program, I promise to pay all premiums assessed as a result of this request.

I understand that the University is advancing value to me in the form of optional employee and/or dependent care coverage and that I am personally responsible for paying the corresponding premiums when they become due. I understand these premiums are not payroll deducted.

I understand that my monthly optional employee and/or dependent care coverage premiums are assessed to my University account that month, then billed the following month; for example, my January premium is assessed in January then billed in February with a due date of February 28.

I understand that the due date is the 28th calendar day of the month the charges are billed.

I understand that my optional employee and/or dependent care coverage will be terminated the following month if I fail to pay in full by the due date all premiums assessed to my account.

I understand that University of Illinois will assess the following charges to my account at the University if I fail to pay in full by the due date all charges assessed to my account:

- A *Late Payment Charge* of 1.5% or \$1.00, whichever is greater, per month on the past due balance; and
- A *Past Due charge* of \$2.00 per month; and
- A one-time *Collection Processing Fee* of \$42 if my account is referred for collection.

I understand that University of Illinois may refer my past due account at the University for collection and authorize legal action against me for the collection of this debt.

I agree that I am liable for all reasonable collection costs associated with collecting my past due account at the University, including, but not limited to attorney's fees, court costs, travel expenses of University personnel associated with court appearance(s), and other expenses relevant to collection of my past due account.

If I provide a cell phone number, I authorize University of Illinois and its agents to contact me at that number and/or at any other cellular telephone number or wireless communication service I provide in the future, using automated telephone dialing systems, artificial or pre-recorded voice or text messages, or personal calls, regarding my obligation to repay any debt I owe to the University.

If I provide the University with an email address, I authorize University of Illinois and its agents to contact me at that email address and/or at any other email address I provide in the future, regarding my obligation to repay any debt I owe to the University.

I understand that others may be able to access my messages and/or my emails, and their content, which may include information regarding my debt and its status.

I agree that I am giving this authorizations voluntarily, and that my doing so is not a condition to my obtaining any other service from the University.

I understand that if I want to revoke this authorization to contact me at the cell phone numbers and/or email addresses I provide, I will do so only by written email notification to usfscohelp@uillinois.edu.

SYSTEM HUMAN RESOURCE SERVICES