

Medicare Advantage

Automatic Premium Payment Plan

For your convenience, you may have your monthly premium payments made automatically from your checking/savings account or by debit/credit card. This automatic plan provides an easy, dependable way to make premium payments.

- Please allow up to 60 days for your authorization form to be processed and your first automatic payment to be deducted.
- We will notify you when you can expect your payments to begin.
- Your premium will be deducted on the 20th of the month preceding the month of coverage.
- If the amount of your premium changes you will be informed in advance.
- If you have any questions please call our Customer Service Department at (888) 298-4650 (TTY 711). We are open 7 days a week, 8 a.m. to 8 p.m., from Oct. 1 – March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1 – Sept. 30.

You can sign up for an automatic premium payment plan by completing one of the forms below, detach and return it with your new application or mail to: **Attn: ACH Department, MyAdvocate Medicare Advantage, PO Box 8000 Marshfield, WI 54449-8000**. Or you can sign up through your secure member portal after your policy becomes effective.

Automatic Premium Payment Authorization		
Subscriber name (last, first, middle initial)	Financial institution of payor <i>(see sample below when completing 1 – 5)</i>	
Mailing address	1 Name	
Phone () -	2 Branch	
Make this deduction from: ☐ Checking (enclose voided check) ☐ Savings (indicate account number)	3 Address	
	4 ABA routing number	5 Account number

I (payor) authorize MyAdvocate Medicare Advantage and the financial institution named above to initiate entries to my checking/savings account for payment of premiums. This authority will remain in effect until I notify you (Plan) and the financial institution to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I understand the premium will be deducted on or after the 20th of the month. I can stop payment of any entry by notifying you and my financial institution seven days before my account is charged. I understand the amount of an erroneous charge will be credited to my account upon notification.

_____/_____/_____
Payor signature Date (m/d/y) _____/_____/_____
Subscriber signature (if not payor) Date (m/d/y)

John Doe 123 Main Street Anytown, USA 12345		1234
DATE _____		
PAY TO THE ORDER OF _____		\$ []
_____ DOLLARS		1
 Your Bank Name ① Bank Branch ② 987 High Street ③ Anytown, USA 56789		
MEMO _____		
④	⑤	
1 2 3 4 5 6 7 8 9	9 8 7 6 5 4 3 2 1	1 2 3 4

Credit/Debit card payment method (We accept Visa, MasterCard and Discover)

Name on card

Card number

Card security code (3-digit
code on back of card)

Expiration date (mm/yy)

Billing address

City

State

ZIP code

I hereby authorize MyAdvocate Medicare Advantage and Chase Paymentech Services to initiate a debit to my credit or debit card for payment of premiums. I understand that this authorization is to remain in effect unless I notify MyAdvocate Medicare Advantage and the financial institution of a change within a time and manner as to afford MyAdvocate Medicare Advantage and the financial institution a reasonable opportunity to act on it.

Payor signature

____/____/____
Date (m/d/y)**Notice of nondiscrimination**

MyAdvocate Medicare Advantage is an HMO-POS plan with a Medicare contract. Enrollment in MyAdvocate Medicare Advantage depends on contract renewal. MyAdvocate Medicare Advantage complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Language assistance services

English: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call (888) 298-4650 (TTY 711) or speak with your healthcare provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (888) 298-4650 (TTY 711) o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (888) 298-4650 (Người khuyết tật 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Large print – If you require materials in large print, please call (888) 298-4650 (TTY 711).