

# Pay with Electronic Funds Transfer (EFT)

When you sign up for Electronic Funds Transfer (EFT), your monthly plan premium is automatically paid for you, month after month. Payments are made electronically from your checking or savings account. There are no sign-up fees and no transaction charges.

## It's easy to sign up:

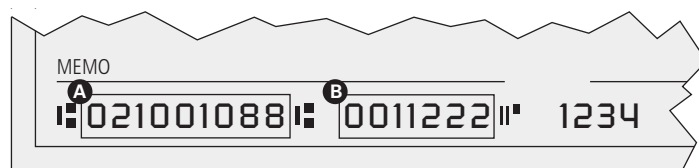
**1** Complete the authorization form below. **Payments from checking accounts:** Send this form along with the name of the financial institution and an original voided check. "Starter" checks for new accounts cannot be used.

**Payments from savings accounts:** Send this form along with the name of the financial institution and an original deposit slip. Either write in your account number and the bank routing number or make sure they are on your savings deposit slip. **Be sure to sign the form.**

**2** As soon as we get confirmation of your information and account status, the EFT program will begin. **Please note:** It may take up to two months to process your request for EFT. During this time, you

should continue paying your bills by check. When EFT begins, any unpaid premiums previously billed will be deducted to bring your account up to date. This does not apply to premiums being deducted from your Social Security or Railroad Retirement Board benefit check.

**3** You will receive written confirmation that you are enrolled in the program. The total amount due will be deducted from your account around the fifth of each month.



- A** The bank routing number is nine characters long and appears between the **||** symbols usually at the bottom left corner of your check.
- B** Your account number is 5 to 17 characters long and appears next to the **||** symbol at the bottom of your check, usually to the right of your bank routing number.

Questions? Call MedicareBlue Rx customer service toll free **1-888-832-0075**, 8 a.m. to 8 p.m., daily, Central and Mountain Times. TTY users should call **711**.

## Payment authorization

I authorize my bank or savings institution to make payments to MedicareBlue<sup>SM</sup> Rx (PDP) from the account listed below. I understand this authorization may be revoked by me at any time by calling Customer Service to discontinue my automatic payment. I agree to maintain sufficient funds in the account to permit these deductions. If payment is returned by the bank for insufficient funds or any other reason, my EFT account will be cancelled immediately and I will receive a paper bill for the next billing cycle. The institution will have no financial liability, except due to an error by the institution or by the plan. The institution may charge me a fee for having non-sufficient funds.

Name:		Birth Date (mm/dd/yy):	
Address (street, city, state, ZIP code):			
Member ID #:		Phone: (    )	
Financial institution:	<input type="checkbox"/> Checking account (attach an original voided check)	Bank routing #:	
	<input type="checkbox"/> Statement savings (no passbook; attach an original deposit slip)	Bank account #:	
Signature:		Date:	
Signature of MedicareBlue Rx member (if not bank account holder):		Date:	

Include this form in the postage-paid envelope or send the form to MedicareBlue Rx, P.O. Box 3178, Scranton, PA 18505.

MedicareBlue Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in MedicareBlue Rx depends on contract renewal. Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,\* Blue Cross and Blue Shield of Minnesota,\* Blue Cross and Blue Shield of Montana,\* Blue Cross and Blue Shield of Nebraska,\* Blue Cross Blue Shield of North Dakota,\* Wellmark Blue Cross and Blue Shield of South Dakota,\* and Blue Cross Blue Shield of Wyoming.\*

\*Independent licensees of the Blue Cross and Blue Shield Association

