

# Group MedicareBlue<sup>SM</sup> Rx (PDP) electronic funds transfer

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

## 1 It's easy to sign up:

### Payments from checking and savings accounts

Sign up for EFT online at **YourMedicareSolutions.com/ChangePayment**.

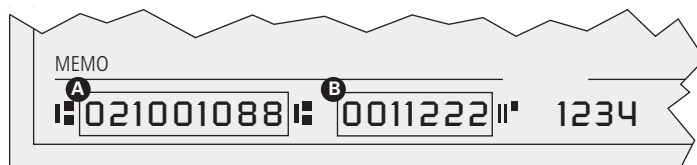
You can also mail the form below along with the name of the financial institution, your account number and the bank routing number. **Be sure to sign the form.**

## 2 As soon as we get confirmation of your information and account status, your request will be processed.

It may take up to two months to complete your request. Your current payment option will remain in place until this change takes effect. If you pay your premiums by mail,

please continue to do so until your EFT is active. Any unpaid premiums that are due when EFT takes effect will be deducted at that time to bring your account up-to-date. Your premium may change each year. Refer to your Annual Notice of Changes for information about premium changes.

## 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 Group MedicareBlue Rx customer service, **1-877-838-3827** (TTY: **711**), 8 a.m. to 8 p.m., daily, Central and Mountain times.

## Payment authorization

I authorize my bank or savings institution to make payments to Group 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 will be canceled 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/yyyy):	
Address (street, city, state, ZIP code):			
Member ID #:		Phone: (    )	
Financial institution:	<input type="checkbox"/> Checking account	Bank routing #:	
	<input type="checkbox"/> Statement savings account (no passbook)	Bank account #:	
Signature:		Date:	
Signature of Group MedicareBlue Rx member (if not bank account holder):		Date:	

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

Group MedicareBlue<sup>SM</sup> Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group 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\*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; 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

