

Pay with electronic funds transfer (EFT)

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:

Complete the authorization form below.

Payments from checking and savings accounts:

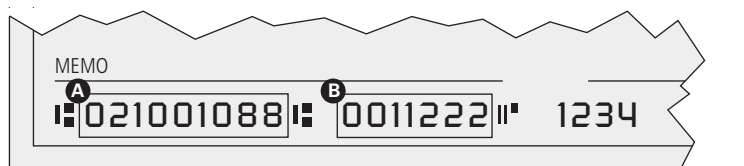
Send this form along with the name of the financial institution, your account number and the bank routing number. **Be sure to sign the form.**

You can also sign up for EFT, a Social Security deduction or a Railroad Retirement Board deduction online at **YourMedicareSolutions.com**.

- 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 process your request. If you pay your premiums by mail, continue to do so until your initial EFT withdrawal has occurred to avoid disenrollment. Any unpaid premiums that are due when EFT takes effect will be deducted from your account.

- 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, **1-888-832-0075**, 8 a.m. to 8 p.m., daily, Central and Mountain times. TTY users call **711**.

Payment authorization

I authorize my bank or savings institution to make payments to MedicareBlueSM 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/yy):	
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 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



MedicareBlueSM Rx (PDP)
A Medicare Prescription Drug Plan