

PAYMENT OPTIONS

It is important that you complete this page and return it with your enrollment application!

Personal Information

Member Name (print): _____

I hereby authorize Puget Sound Health Partners (PSHP), its affiliates and subsidiaries, to deduct my insurance premium payments as indicated below:

Payment Options

Please select a premium payment option:

Electronic Funds Transfer from my bank account on the **3rd OR** **18th day** of each month.
Please enclose a VOIDED check and provide the following:

Account holder name: _____

Bank routing number: Checking Savings

Bank account number:

Credit card. Please charge my credit card on the **3rd OR** **15th day** of each month.

Type of card: _____ Expiration date: __ __ / __ __ (MM/YY)

Name of card holder as it appears on card: _____

Credit card number: - - - 3 digit verification #
(found on back of card) _____

Receive a monthly invoice

You can also have your monthly plan premium deducted from your Social Security benefit check. You cannot select SSA withholding with this form. The Social Security deduction may take two or more months to begin. In most cases, the first deduction will include all premiums due from your enrollment effective date up to the point withholding begins. Before deciding on SSA withholding, please contact PSHP Member Services at 1-866-789-7747 for additional information.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% of drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. For more information about this extra help, call Social Security at 1-800-772-1213.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you do not select a payment option, you will receive a monthly invoice.

This authority is to remain in effect until I have provided PSHP with written notification of termination in such time and manner, as to afford PSHP and the financial institution a reasonable opportunity to act upon the request. If any deduction is not honored by my bank, the premiums will be considered as not paid. PSHP has the right to discontinue the pre-authorized payment plan if two or more deductions are not honored. PSHP may revise the terms of this agreement at any time upon written notification.

Print name of plan member

Signature of banking or credit card holder

Date