



Return this form to: Accounts Receivable
 P.O. Box 30196
 Salt Lake City, UT 84130-0196
 Fax: 801-442-0742

Authorization Agreement Electronic Funds Transfer (EFT)

Member Name _____

SelectHealth Advantage Member ID# _____

A. PREAUTHORIZED BANKING WITHDRAWAL

I authorize SelectHealth to initiate monthly premium deductions from my:

Checking Account Savings Account

Account Holder's Name _____ Account# _____

Financial Institution _____ Routing and Transit# _____

I understand that EFT transactions will occur on or around the 10th of each month for the current month's balance.

Account Holder's Signature _____ Date _____

Fax or mail this completed form and a voided check (if available) to the fax number or address listed in the upper-right corner.

PREAUTHORIZED BANKING WITHDRAWAL

Attach a Voided Check Here

Do not use a checking deposit slip for checking withdrawal.
 Checking deposit slips do not always contain the necessary routing and transit information.

Check#	Routing and Transit#	Account#
00 1099	1 2400494 1	1839401923

B. AUTHORIZED REPRESENTATIVE

If signed by an authorized representative, the above signature certifies that (1) this person is authorized under state law to complete this form, and (2) documentation of this authority is available upon request from SelectHealth or Medicare.

If you are the authorized representative, you must sign above and provide the following information:

Name _____

Address _____

Ph# (_____) _____

Relationship to Member _____

Information about SelectHealth Advantage (HMO, HMO-SNP) Automatic Electronic Funds Transfer (EFT)

What is SelectHealth Advantage automatic EFT?

Automatic EFT is a convenient way to make your monthly plan and/or Optional Supplemental Benefit premium payments to SelectHealth. To begin, sign an authorization form that allows SelectHealth to withdraw your monthly plan premium payment from your checking or savings account on or around the 10th of each month.

What are the benefits of using automatic EFT?

With this option, your monthly plan and/or Optional Supplemental Benefit premium payments are paid automatically, so there's less worry that your coverage will be canceled due to nonpayment.

What if I change banks or bank accounts?

You will need to complete a new authorization form (phone and online resource information provided below). Complete the new authorization form and return it to us no later than the 1st of the month. Automatic deductions will be made on or around the 10th of the month.

If you change banks or account information and we do not receive a new form from you by the first of the month, we will attempt to withdraw your monthly plan premium and/or Optional Supplemental Benefit premium from the account we have on file. If we receive notice from the bank that there are no funds available or that the account has been closed, you will be notified in writing. The letter will explain how to pay the monthly plan premium.

How do I get a new authorization form or discontinue automatic EFT?

Call Member Services toll-free at **855-442-9900** during the following dates and times:

- **October 1 to March 31:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **April 1 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711.

You can also visit selecthealth.org/medicare (under the "Payment" section of the "Forms" page) to download and print this form.

We require a 30-day notice to process your request. We will continue to draft your monthly premium payment from the account we have on file until the new payment option has been established. Within the processing time limits addressed above, we will change your option and you will begin receiving monthly premium statements by mail.

You must continue to pay your Medicare Part B premium.

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-442-9900 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-442-9900 (TTY:711)。