

IT'S EASY!

You'll save time, stamps, and paper.

Fill out the form on the next page. Return completed form to the address listed to the right.

Sign up today for secure automatic payments!

What are the automatic payment options?

There are several ways you can make automatic payments for your monthly plan premium and/or your Part D late enrollment penalty (if applicable). You can have your payments automatically processed three ways:

- Deducted from your Social Security or Railroad Retirement Board check
- **2. Electronically debited** from your bank account
- 3. Charged to your credit card

Generations Advantage Enrollment Martin's Point Health Care PO Box 9746 Portland, ME 04104

Automatic Payment Form

To set up automatic deduction for your monthly plan premium and/or your Part D late enrollment penalty (if you pay one) please fill out the form below and return it to us in the enclosed blue envelope. You can also sign up over the phone by calling Member Services at 1-866-544-7504 (TTY: 711). We're available 8 am-8 pm, 7 days a week from October 1 to March 31; and 8 am-8 pm, Monday through Friday the rest of the year. **IMPORTANT:** You will no longer receive a monthly bill in the mail when you sign up for automatic payments.

(Please print.)		Date of Birth:
Generations Advantage Membe	er ID#:	
Payment deducted monthl or more months to begin. Y Social Security or RRB ded	y. NOTE: The Social Security ou will be billed directly by uction begins. If your reque	ent Board (RRB) Benefit Check— y or RRB deduction may take two the plan for the months before the st for Social Security Administration e invoices from Martin's Point
OPTION 2: BANK ACCOUN		
Bank Name:	Check	ing or Savings?
Routing# A	.ccount#	
Look for your routing and account numbers on one of your personal checks—at the locations noted below.	Jane Smith 123 Main Street Anytown, Maine Pay to the order of Bank : 123456789 : 1234567890	1234
Bank Routing/Transit	Number Bank Acc	count Number
OPTION 3: CREDIT CARD-	-Payment automatically ch	arged monthly.
Credit/Debit Card Number:		Expiration Date:
D late enrollment penalty, in ac bank account. This authorization plan requiring a premium, as lochange this request. This option	Idition to any past due amount will remain in force as loring as I have a Part D late ern will continue even if the modes advance notice before	e my monthly premium and/or Part Dunt, to the above credit card or ag as my membership is active in a prollment penalty, or until I cancel or monthly payment amount changes. It re changes to this payment option can be no longer due.

Date: ____