

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 this form and return it to us at the address below. 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 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.)

Your Name: _____ Date of Birth: _____

Generations Advantage Member ID#: _____

☐ **OPTION 1: SOCIAL SECURITY or RAILROAD RETIREMENT BOARD (RRB) Benefit Check—**

Payment deducted monthly. NOTE: The Social Security or RRB deduction may take two or more months to begin. You will be billed directly by the plan for the months before the Social Security or RRB deduction begins. If your request for Social Security Administration deductions is not approved, you will continue to receive invoices from Martin's Point Generations Advantage.

☐ **OPTION 2: BANK ACCOUNT—Payment electronically debited monthly.**

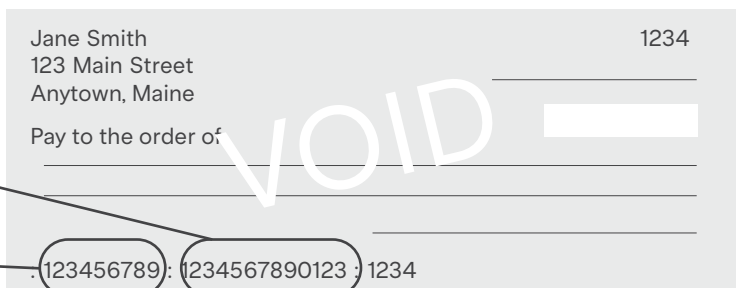
Bank Name: _____ Checking or Savings? _____

Routing# _____ Account# _____

Look for your routing and account numbers on one of your personal checks—at the locations noted below.

Bank Account Number

Bank Routing/
Transit Number



Jane Smith
123 Main Street
Anytown, Maine
Pay to the order of _____
1234
123456789 : 1234567890123 : 1234

☐ **OPTION 3: CREDIT CARD—Payment automatically charged monthly.**

Credit/Debit Card Number: _____ Expiration Date: _____

I authorize Martin's Point Generations Advantage to charge my monthly premium and/or Part D late enrollment penalty, **in addition to any past due amount**, to the above credit card or bank account. This authorization will remain in force as long as my membership is active in a plan requiring a premium, as long as I have a Part D late enrollment penalty, or until I cancel or change this request. This option will continue even if the monthly payment amount changes. I understand it can take up to 30 days advance notice before changes to this payment option can be made, unless my membership ends and/or payments are no longer due.

Signature: _____ Date: _____

Return your completed
form to this address:



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