

AUTOMATIC PAYMENT
Checkless and on time, every time.

UCare recognizes that your time is valuable. We are pleased to offer Automatic Payment, a service that saves you time and money and simplifies your life.

Convenience - Your *UCare for Seniors* premium and, if applicable, *UCare Comprehensive Dental* (available with Classic and Group plans only) premium is automatically deducted from your checking or savings account. You do not have to write checks. However, you are still responsible for paying your Medicare Part B premium.

Time and money savings - You save the time spent writing and mailing checks plus the cost of stamps and checks.

Reliable and Safe - Your bill is paid on time, every time. You do not have to worry about forgetting a payment or mailing it in time. Automatic payments are extremely accurate. There are no checks to be lost or delayed in the mail. Be assured that no one can collect payments from your account without your specific authorization

With Automatic Payment, your plan premium is automatically deducted from your checking or savings account on the eighth of every month, or the first banking day after the eighth if it falls on a weekend or a bank holiday. This method of payment is reliable, safe, and convenient. Record keeping is easy—your bank statement provides you with the itemized list of automatic payments and services as your proof of payment. If our premium rates change, you will be notified before a payment is deducted from your account.

To begin Automatic Payment, please complete and sign the attached authorization form. Return the form in the envelope provided, along with the following:

- A voided check to have your monthly payment deducted from your checking account; or
- A deposit slip for your savings account to have your monthly payment deducted from your savings account.

You may cancel the Automatic Payment option at any time by notifying us in writing. If you have any questions, please call us at 612-676-3600 or 1-877-523-1515 toll free between 8 a.m. and 8 p.m., seven days a week. TTY users should call 612-676-6810 or 1-800-688-2534 toll free.

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Signature _____

Member ID Number (from your member card) _____

Name of Financial Institution _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Date _____

Please deduct my monthly *UCare for Seniors* premium and, if applicable, my *UCare Comprehensive Dental* or *UCare Dental Complete* policy (check one):

My Checking Account (attach a voided check)

My Savings Account (attach a deposit slip)

Authorization for Automatic Payments. I authorize UCare and the bank named below to withdraw, on the eighth of every month (or the first business day following the eighth if it is a weekend or a banking holiday), from my checking/savings account amounts necessary to pay the premium owed by me under my *UCare for Seniors* medical policy and, if applicable, my *UCare Comprehensive Dental* or *UCare Dental Complete* policy. This authority will remain in effect until I notify you in writing to cancel it. Notifications to cancel must be received at UCare 15 days prior to the deduction date. I understand that I can stop an automatic deduction for a given month at any time by notifying UCare at least five business days before my account is charged. I can have the amount of any erroneous charge immediately credited to my account up to 60 days following issuance of my bank statement or 60 days after posting, whichever occurs first.

To enroll in the UCare Automatic Payment Plan your account must be paid up through your current billing statement. This form needs to be received 30 days prior to the deduction month in order for Automatic Payment to be activated on the next billing period.

Return this form to:
UCare
P.O. Box 52
Minneapolis, MN 55440-0052