Automatic Premium Withdrawal

I request and authorize **Univera Healthcare** to arrange to have health insurance payments automatically transferred from my checking account to **Univera Healthcare** on a monthly basis. The bank named below is authorized to take money from my account and pay it to **Univera Healthcare**. I have furnished **Univera Healthcare** with a **voided check** from my checking account to ensure the accuracy of the banking information. My account will be charged the fourth (4th) of each month. **I understand that this completed request, along with a voided check, must be received by the tenth (10th) of the month in order to be effective for the following month.**

Depository Name_____ Branch_____
(Name of bank) (Name of branch, if any)

City_____ State_____ ZIP _____

This authorization will continue until I notify Univera Healthcare and the bank name above in writing that the authorization is cancelled. I may stop payment of any premium payment by notifying the bank named above at least three business days before the scheduled transfer from my account.

I understand my right, when a premium payment would vary in amount from the premium payment before it, I will receive written notice of the amount and scheduled date of the premium payment change from **Univera Healthcare** or the bank named above. The notice will be mailed or delivered at least ten days before the scheduled premium payment date.

Name:_____ ID#:_____ Date:_____
(Please Print)

Signed **X** _____
(Premium payor signature(s) for bank)

Attach voided check here

Return to:

Univera Healthcare
Attention: Medicare Enrollment Department
P.O. Box 211316
Eagan, MN 55121-9931

For Company Use Only

Transit/ABA Number _____

Checking Account Number _____

Date of Application _____

Contract # _____

Group # _____

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - February 14, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-421-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Y0028_5016_2 Accepted
B-5608 (Rev. 09/2016)

univera
HEALTHCARE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

玪シ㑅ⅸ㚆ぐῆ䓃□㨇□㕵炻ぐ□ẍ□屣纞手婆妨㎜÷㑦⊁ᶜ媔农䁙 1-877-883-9577

(TTY㑅1-800-421-1220炸ᶜ

ȼȼʡȄȺȼʡʂ: ʂɫɥɢ ɜɵ ɝɨɜɨɪɢɫɟ ɦɞ ɪɭɫɫɤɨɦ ɹɡɵɤɟ, ɬɨ ɜɚɦ ɞɨɫɬɭɩɧɵ ɛɟɫɩɥɚɬɧɵɟ ɭɫɥɭɝɢ ɩɟɪɟɜɨɞɚ. Ɂɜɨɧɢɬɟ 1-877-883-9577 (ɬɟɥɟɬɚɣɩ: 1-800-421-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

擆㢌a 覰ạ媄≥ 乙䕒覫㥉⼠ □崇S 媫媄 晫㬥 ㎩缶㏘≥ ɧ⨀] 豣䕒覫㥊 ⺨ 㴞⑽□ᶜᴬU 1-877-883-9577 (TTY: 1-800-421-1220)ↄ⬰庌] 愢䞼艥 擆䞼㥉㝳U

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

ʔɧʤʠ :ʭʠʦʷʸʲɥɧʤʠ ʸɧʠ ʦʤʲʸ ʹɧʤɧʠ, ɥʲʰʲʦ ɥʠʤʸʠʵ ʪɧɧʠ ʸʠʵ ʷɧʤ ʪʠʸʵ ʰʲɧʤʤʸʲʰ ɧɧʸʲ ʷʠʵʵʠ ɥʤʲ. ʦʵʤʸ 1-877-883-
.9577 (TTY: 1-800-421-1220)

Ċ ˛ïĉĂâ ĒĈĀ äĒăĂ ąđáĊđ ïÿđ ąĘĊþ ăđĘÝĉĂ þđĘĎĊ ĒÝĂâðĉôđĠ ĆđČđ čĎđĠþđ ĒăĘĉČąđ çăĊ
Íäõ@ ÍÝĄđĂ ĭĉĂ Ħ-877-883-9577 (77<: Ħ-800-421–1220)@

UWAGA: JeĪeli mówisz po polsku, moĪesz skorzystaü z bezpáatnej pomocy jĊzykowej. ZadzwoĔ pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ɰƝƬƭɷ∆: ▯Ÿ· ςϑZ ΗΘΤΪΙ Ÿ▯ςή ▯ϟƝϐ∆̧ ϒΕϤ ΧΪɰϒΕ ▯ϟϤδΫϋΪΓ ▯ϟƝϐƭj∆ ΗΘƭ▯ϒή ϟϚ ΑΫϟϤΠΤΫϤ. ▯Ημϰ Αήϗɰ 877-883-9577-1)έϗɰ ɤΫΗϒ ▯ϟμɰ
.(800-421-1220-1 :ɰFBϟ▯ϛ

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-421-1220).

1-877-883-9577 ΧΒήέ▯Ω: ▯ή̣ ̣ ϭΩέ▯ ΑƭϟΘ ,Θό̧ Ηƭ ̣ Ŧ ίΑΫϤ—ɰΪΩ—ΧΪɰΫΕ ɰΫΖ ɰΘό ΩγΘΘΫΩ ,Θό ˩ Ϋϝ ήj ͌
(TTY: 1-800-421-1220).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

ÊĉȅȊȅȋǾ: ǹȞ ʒŢȜȒIJİ İȜȜŞȞŢţȒ, ɪIJŞ įŢȒşİıȒ ɪĮ8 ùďȓıţȠȞIJIJŢ 8ʌŞďİıȓİ8 ÛȜȦııŢţȒ8 8ʌȠıIJȒďŢȟŞ8, ȠŢ ȠʌȠȓİ8 ʌĮďȑZȠȞIJIJŢ įȦďİȒȞ. ȄĮȜȑıIJİ 1-877-883-9577 (TTY: 1-800-421-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

Y0028_2971_4 Accepted
UN-2149

A11y 9/13/19