



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.**

Please place a check mark in the box for which premiums should be paid out of the following checking account.

- ☐ **Only** my Medicare Advantage/Medicare D-SNP premium
- ☐ **Only** my Medicare Prescription Payment Plan premium
- ☐ **Both** of the above premiums

(Please Print)

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 named above in writing that the authorization is canceled. 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: _____

Signed **X** _____

(Premium payor signature(s) for bank)

Return to:

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

Attach voided check here