

Automatic Penalty Withdrawal Authorization

Medicare Coverage

WellFirst Health — Provided by SSM Health Plan

Automatic Late Enrollment Penalty Withdrawal

Wellfirst Health provides the convenient option to have your late enrollment penalty automatically withdrawn from your checking or savings account each month. There is no extra cost to you for this service.

How do I sign up?

To participate, please fill out this form and include either a voided check or the account number and routing information for your checking or savings account.

How does it work?

Late enrollment penalties are deducted on or after the 23rd of each month prior to the month of coverage.

When can I expect it to begin?

Please allow up to 10 business days for your authorization form to be processed. The first withdrawal will take place

Please contact WellFirst Health if you need information in another language or format (such as Braille).

on the next regularly scheduled withdrawal date. If you're returning this form with a Medicare Advantage application, your automatic late enrollment penalty will start with your first payment.

What if I have other questions?

If you have any questions please call Member Services at 1-877-301-3326 (TTY: 711) or reference your Evidence of Coverage.

What do I do with the form?

Please return this form with your billing statement.

Mail to:

WellFirst Health – Enrollment

PO Box 852219

Richardson, Texas 75085-2219

Last name	First name	Middle initial
Address, city, state, ZIP		Member number (if you have one)

Please select one of the following options:

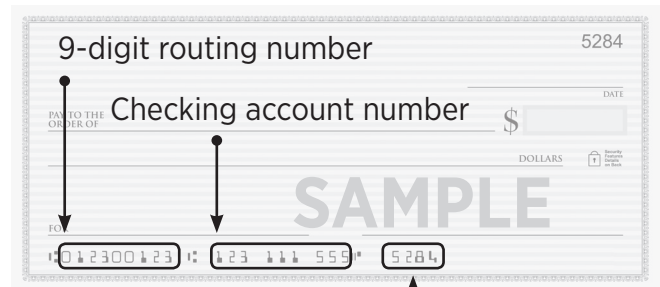
- I have enclosed a voided check.
- I will provide bank account information.

Bank name: _____

9-digit routing number: _____

Account number: _____

Type of account (select one): **Checking** or **Savings** (Your savings account number can be found on a bank statement or by contacting your bank.)



Check number
(not needed)

By the authorized bank account holder signature below, I authorize Wellfirst Health to instruct my financial institution to deduct my late enrollment penalty from the account designated above. I authorize the financial institution to debit the amount of my late enrollment penalty from my designated account. This authorization is to remain in full force and in effect until I send written notification to Wellfirst Health of my termination in such time and in such manner as to afford Wellfirst Health and the financial institution a reasonable opportunity to act on it.

Authorized bank account holder signature _____