

Pay with electronic funds transfer (EFT)

When you sign up for electronic funds transfer (EFT), your monthly plan premium is automatically paid, month after month. Payments are made electronically from your checking or savings account. There are no sign-up fees and no transaction charges.

1 It's easy to sign up:

Payments from checking and savings accounts

Sign up for EFT, a Social Security deduction or a Railroad Retirement Board deduction online at www.YourAZMedicareSolutions.com/AZChangePayment.

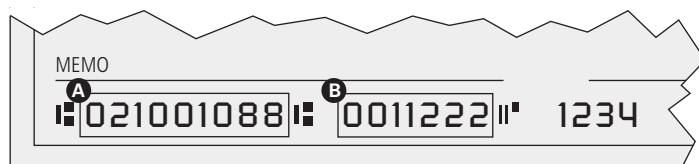
You can also mail the form below along with the name of the financial institution, your account number and the bank routing number. **Be sure to sign the form.**

2 As soon as we get confirmation of your information and account status, your request will be processed.

It may take up to two months to complete your request. Your current payment option will remain in place until this

change takes effect. If you pay your premiums by mail, please continue to do so until your EFT is active. Any unpaid premiums that are due when EFT takes effect will be deducted at that time to bring your account up-to-date. Your premium may change each year. Refer to your Annual Notice of Changes (ANOC) for information about premium changes.

3 You will receive written confirmation that you are enrolled in the program. The total amount due will be deducted from your account around the fifth of each month.



A The bank routing number is nine characters long and appears between the symbols usually at the bottom left corner of your check.

B Your account number is 5 to 17 characters long and appears next to the symbol at the bottom of your check, usually to the right of your bank routing number.

Questions? Call Blue MedicareRx Member Services toll free **1-833-229-3593** (TTY: **711**), 8 a.m. to 8 p.m., daily, local time.

Payment authorization

I authorize my bank or savings institution to make payments to Blue MedicareRxSM (PDP) from the account listed below. I understand this authorization may be revoked by me at any time by calling customer service to discontinue my automatic payment. I agree to maintain sufficient funds in the account to permit these deductions. If payment is returned by the bank for insufficient funds or any other reason, my EFT account will be cancelled immediately and I will receive a paper bill for the next billing cycle. The institution will have no financial liability, except due to an error by the institution or by the plan. The institution may charge me a fee for having non-sufficient funds.

Name:		Birth date (mm/dd/yy):	
Address (street, city, state, ZIP code):			
Member ID #:		Phone: ()	
Financial institution:	<input type="checkbox"/> Checking account	Bank routing #:	
	<input type="checkbox"/> Statement savings account (no passbook)	Bank account #:	
Signature:		Date:	
Signature of Blue MedicareRx member (if not bank account holder):		Date:	

Include this form in the postage-paid envelope or send the form to Blue MedicareRx, P.O. Box 3777, Scranton, PA 18505.



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