Important Information about this Premium Payment Option

It is important that you understand a few facts about this option before choosing it. After reading the information below you may complete, sign and return this Saint Alphonsus Health Plan for processing.

PLEASE READ:

1. It could take up to 3 months for this payment option to begin.
2. You will not receive a bill from Saint Alphonsus Health Plan while this option is being processed.
3. To use this option, the amount of your monthly Social Security check must be equal- to or greater-than one month’s worth of Saint Alphonsus Health Plan premium.
4. The first premium payment withheld from your Social Security check may be for an amount representing up to 3 months worth of Saint Alphonsus Health Plan premiums (if it takes that long to set this payment option up for you).
5. You may receive a notice from us if all past due premiums are not paid in full once your first Social Security “withhold” payment is received by Saint Alphonsus Health Plan.
6. Medicare does not permit more than three months worth of premium payments to be withheld from your check at one time. This may prevent some individuals from taking advantage of this option.
7. Non-payment of premiums will generally result in your loss Saint Alphonsus Health Plan coverage; though you can not be disenrolled for “non-payment” while this option is being processed.
8. If you change from one Medicare plan to another, including a Saint Alphonsus Health Plan change, it generally stops your Social Security withhold payment option. In such cases, we would have to re-establish this payment option for you (which could take up to 3 months to accomplish once started).
9. In some cases, if you are new to Saint Alphonsus Health Plan, your prior Medicare plan premium could be withdrawn from your Social Security check in error; rest assured Social Security will refund that amount back to you on a future or separate Social Security check.
10. Saint Alphonsus Health Plan members occasionally pay their premiums directly to Saint Alphonsus Health Plan while this payment option is being setup. That is acceptable. Saint Alphonsus Health Plan will promptly refund any overpayments created once we receive due premiums from Social Security.
Complete this form if you wish to proceed with this payment option:

Please carefully **PRINT** your name and read the following:

Last Name

First Name

Member Number:

Social Security ID:

By signing below, I acknowledge that I have read all information on this form (front and back). My signature also declares that I am electing to proceed with this payment option. This means Saint Alphonsus Health Plan monthly premium payments are to be automatically deducted from my Social Security Check. I understand that by making this request I may be required to stay with this premium payment option for the rest of the calendar year. I also understand that the Social Security Administration will notify me of the date my deductions will begin.

I understand that I may receive a notice for past due premiums if my account is not paid in full once the Social Security “withhold” payment is received Saint Alphonsus Health Plan. I also understand that non-payment of premiums or late payments may result in my being involuntarily disenrolled Saint Alphonsus Health Plan.

**YES, I read this form completely and would like this payment option.**

Member Signature: ___________________________ Date: ___________

You may return the completed for to: Saint Alphonsus Health Plan
Attention: Enrollment
3100 Easton Square Place
Suite 300 – Health Plan
Columbus, Ohio 43219