

ELECTION FORM FOR PREMIUM WITHHOLD FROM SOCIAL SECURITY (SSA/RRB Withhold)

By completing this form, you are requesting to have your Members Health Insurance Company prescription drug benefit plan premium automatically deducted from your monthly Social Security (SSA) or Railroad Retirement Board (RRB) check. To ensure the best opportunity for approval, the request may be submitted for a future effective date of up to 90 days from the date of receipt. After your premium withhold form is processed, you will be notified of the effective date that your deduction is scheduled to begin. Until then, please continue to pay your plan premium. Generally, you must stay with the same premium payment option you choose for the rest of the year. Members Health Insurance Company ID# Name (Please Print) Street Address City, State, Zip Code Yes, I would like to have my premium deducted from my monthly SSA or RRB benefit check. I receive monthly benefits from: ☐ Social Security ☐ Railroad Retirement Board Remember: Until you receive notification from Members Health Insurance Company that your deduction is scheduled to begin, please continue to pay your monthly plan premium. *Signature Date

*If the individual cannot sign, a court-appointed Legal Guardian or person with Durable Power of Attorney for Health Care (DPAHC), if authorized by state law, must sign this document. Attach a copy of proof of Legal Guardian, DPAHC, or proof of authorization by state law.

*If authorization form is for two members, both members must sign and provide their ID numbers for proper identification.

If you have any questions, please contact Members Health Insurance Company Customer Service at 1-855-540-4744. TTY users should call 711. From October 1 through March 31, our hours of operation are 8:00 a.m. until 8:00 p.m. local time, seven days a week during which our automated phone system may answer your call on Thanksgiving and Christmas Day. From April 1 through September 30, our hours of operation are 8:00 a.m. until 8:00 p.m. local time, Monday through Friday. Outside these hours, you may leave us a message and a representative will return your call the next business day.

Members Health Insurance Company is a Part D plan with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.