



Return this form to: Accounts Receivable Department
 First Health Part D
 PO Box 7763
 London, KY 40742-9831
 Fax Number: (866) 415-2232

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Member(s) Name: _____

Medicare Insurance Claim Number (On Red, White and Blue Medicare Card): _____

Please fill in the information as it appears on your personal check/savings account:

_____ <i>Name on the Account</i>	1001 Date: _____
_____ <i>Pay to the Order of</i>	\$
_____ <i>Bank Name</i>	
_____ <i>Bank Address</i>	
_____ <i>Bank Routing Number</i>	_____ <i>Account Number</i>

IMPORTANT NOTE: Please attach a voided check or voided savings account withdrawal slip along with this form. No passbook savings accounts.

I agree that this authorization will remain in effect until I provide written notification terminating this service. Request must be received before the 1st of the month of the EFT transaction. (EFT transaction will occur on the 10th of the month in the amount of the balance due for the current month.) ***Fax or Mail the completed form and a voided check to the address printed on the top of this form.***

 Signature Date

If signed by an authorized representative, this signature certifies that: 1) this person is certified under the State law to complete this form and 2) Documentation of this authority is available upon request to First Health Part D or Medicare.

If you are the authorized representative, you must sign above and provide the following information:

Name : _____

Address: _____

Phone Number: (____) _____ - _____ Relationship to Enrollee _____

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Information About The First Health Part D (PDP) Automatic Premium Payment Plan Through An Electronic Fund Transfer (EFT)

What is First Health Part D's Automatic Premium Payment Plan?

The Automatic Premium Payment Plan is a convenient way to make your monthly plan premium payments to First Health Part D. To begin, you sign an authorization form which allows First Health Part D to withdraw your monthly plan premium payment from your checking or savings account on the 10th of each month. You would then simply deduct the payment from your checkbook each month.

What are the benefits of using the automatic premium payment plan?

Your monthly plan premium payments would automatically be paid each month so there is no worry of getting behind in your payments. In addition, you have the peace of mind in knowing that your monthly plan premium payments are paid on time even if you happen to be traveling at the time the payments become due.

Does my bank participate?

You can check with your financial institution, however, direct debiting can be coordinated with practically every bank, saving and loan, and credit union in the United States.

What if I change banks or bank accounts?

You will need to complete a new authorization form. Simply call Customer Service at the telephone number that appears on the back of your Identification Card and ask us for a new authorization form. You'll want to fill it out with your new bank information and return it to us no later than the 5th of the month so we can change the automatic deduction to come from the appropriate bank account on the 10th of the month. If you do not send us a new authorization form with the correct bank and account information, or wait until after the 5th of the month to submit it, we will still attempt to automatically deduct your monthly plan premium for the account we have on file from you.

If we receive notice from the bank that there are no funds available or that the account has been closed, you will be notified in writing and you will be asked to pay your monthly plan premium payment directly to us. In addition, you will be responsible for any fees incurred by your bank, such as non-sufficient funds (NSF).

How do I terminate my monthly bank deduction?

Termination requests must be faxed and received prior to the end of the month before the termination date (ex: Termination 10/01 must be received by 9/30). Your automatic withdrawal will not stop unless the termination request is received by the end of month prior to the next withdrawal. Termination requests can be faxed to (866) 415-2232, Attention: Accounts Receivable Department. Termination requests will be processed in the order received. You will be responsible for any fees incurred by their bank, such as non-sufficient funds (NSF).

How do I know the withdrawal has been made from my account?

Most financial institutions will indicate the withdrawal on your bank statement. A few institutions will include a paper document with your statement.

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