



## Medicare Payment Options Form

OD

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Change to be effective on the first day of (month and year): \_\_\_\_\_

**You can pay your monthly plan premium by mail or Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.**

If you don't select a payment option, you will receive a bill each month.

**Please select a premium payment option:**

- Receive a bill (mailed). Full payment is due upon receipt of invoice.**
- Electronic funds transfer (EFT) from your bank account each month.**

**Please enclose a VOIDED check or provide the following:**

Account holder name (if different): \_\_\_\_\_

Account holder signature: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Account type:  Checking  Savings

- Automatic deduction from your monthly Social Security/Railroad Retirement Board benefit check.**

**I get monthly benefits from:**       **Social Security**       **RRB**

(The Social Security/Railroad Retirement Board deduction may take two or more months to begin. In most cases, if Social Security/the Railroad Retirement Board accepts your request for automatic deduction, the first deduction from your Social Security/Railroad Retirement Board benefit check will not include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your premiums. If chosen, Dental and Vision plan premiums are not deducted from Social Security or the RRB benefit check and will be billed directly to the Member.)

**Please return this form to:**

**Rocky Mountain Health Plans  
PO Box 10600  
Grand Junction, CO 81502-5600  
or  
fax to 970-244-7769**

If you have questions, please call our Customer Service at 888-282-1420 (TTY dial 711). Hours are 8am – 8pm, 7 days/week, October 1-March 31, and 8am – 8pm, M-F, April 1-September 30.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.



**Notice of Nondiscrimination**

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).