

# Premium Payment Change Request Form



To let us know which payment option you prefer, or if you would like to change your method of payment, please complete and return this form to the address at right.

**Quartz Medicare Advantage (HMO)**  
840 Carolina Street • Sauk City, WI  
53583-1374 (800) 394-5566  
[QuartzBenefits.com/MedicareAdvantage](http://QuartzBenefits.com/MedicareAdvantage)

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

Member ID Number (from your Quartz Medicare Advantage ID card): \_\_\_\_\_

## SECTION A: PREMIUM PAYMENT SELECTION

Please check () how you would like to pay your premium

**Automatic Deduction – Checking/Savings Account (Complete Section B)**

By electing this option, I authorize Quartz Medicare Advantage (HMO) to initiate electronic fund transfers drawn on my bank account, on the fourth business day of the month, for payment of my plan premium. I further authorize the bank to debit my bank account on the fourth business day of the month.

I realize that my bank shall be under no obligation to furnish me any special advice or notice of the payment of any such transaction, other than my monthly bank statement. I realize the electronic funds transfers will begin approximately 30 days after submitting this request. Effective date will be the date shown on the written confirmation I will receive from Quartz Medicare Advantage.

I understand that if for any reason funds are not available for withdrawal in the account listed on this form, Quartz Medicare Advantage reserves the right to change my billing method to direct billing by sending me an invoice and requiring that my payments be made by check or money order.

**Automatic Deduction – Monthly Social Security benefit check**

**Automatic Deduction – Monthly Railroad Retirement Board benefit check**

The Social Security/Railroad Retirement Board deduction may take two or more months to begin. We will send you a confirmation letter with the effective date of this deduction. You are responsible for payment prior to the effective date of this automatic deduction.

If Social Security/Railroad Retirement Board does not approve your request for automatic deduction, we will send you an invoice for your monthly premiums.

**I will make my own payments – Monthly or Recurring Payments**

Select this option if you choose to pay with check, credit card, or electronic payments from your checking or savings that are initiated by you on a monthly or recurring basis. *Note: You will receive a monthly invoice with this option. You may submit payment via check or money order using the invoice.*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B** >

Complete this section if electing the Quartz automatic checking account withdrawal and return with this form.

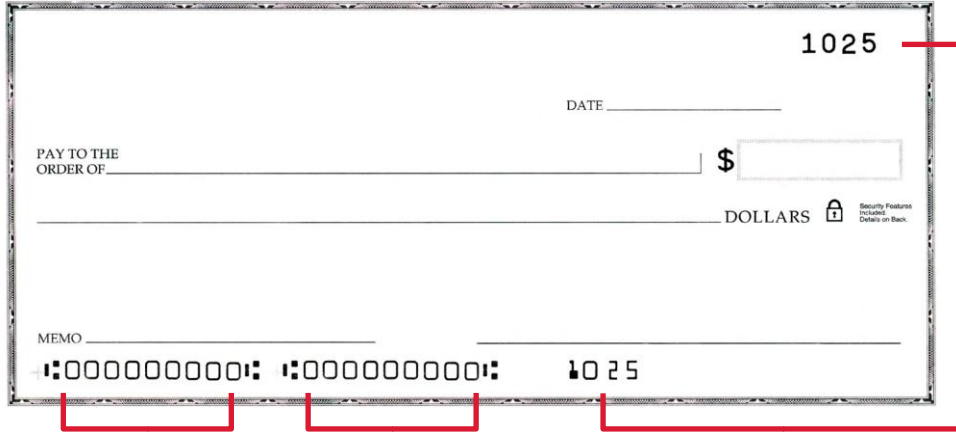
SECTION B. Automatic Checking Authorization

Your Bank Name:

Checking  Savings

Routing Number:

Account Number:



9 Digit Routing Number

Your Account Number

Check Number