

Premium payment option form

Quartz Medicare Advantage (HMO)

2650 Novation Parkway • Fitchburg, WI 53713

(800) 394-5566 or TTY: 711

[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)

Please complete this form to let us know which payment option you would like to use for your premium payments. Once the form is complete, return this form to the address above.

A. Premium payment option 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 to pay my plan premium on the fourth business day of the month. I further authorize the bank to debit my bank account on or about the fourth business day of the month.
- I realize that my bank shall be under no obligation to furnish me with any special advice or notice of the payment of any such transaction, other than my monthly bank statement.
- I realize the electronic fund transfer will begin approximately 30 days after submitting this request and I am responsible for payment until the change is effective. Call (800) 394-5566 to pay with an Electronic Funds Transfer, credit or debit card, or send a check, cashier's check, or money order payable to the address on your invoice. The effective date of the automatic deduction will be 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. At that time, Quartz will send me an invoice, and I will need to make payments by check or money order.

Automatic deduction – monthly Social Security benefit check

- The Social Security 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 before the effective date of this automatic deduction. Call (800) 394-5566 to pay with an Electronic Funds Transfer, credit or debit card, or send a check, cashier's check, or money order payable to the address on your invoice.
- If Social Security does not approve your request for automatic deduction, we will send you an invoice for your monthly premiums.

[\(Continue to the next page\)](#)

Automatic deduction – monthly Railroad Retirement Board benefit check

- The 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 before the effective date of this automatic deduction. Call (800) 394-5566 to pay with an Electronic Funds Transfer, credit or debit card, or send a check, cashier's check, or money order payable to the address on your invoice.
- If 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 a check, credit card, or electronic payments from your checking or savings account that you initiate on a monthly or recurring basis.
- You will receive a monthly invoice with this option. You may submit payment via check or money order using the invoice.

Name: _____

Quartz Medicare Advantage ID number: _____

Member Signature: _____ Date: _____

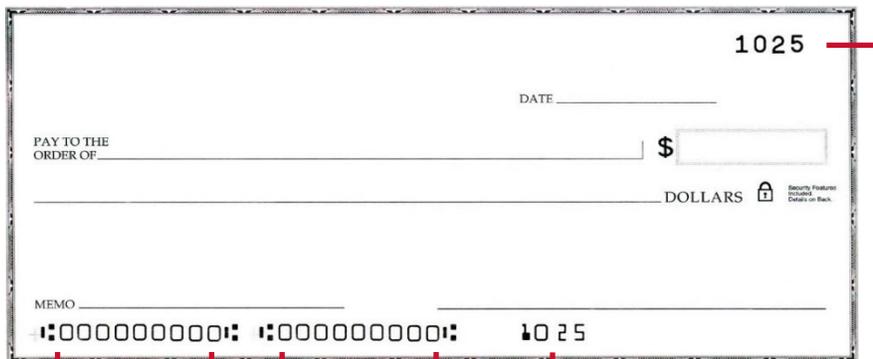
Complete this section if electing for automatic checking or savings account withdrawal.

B. Checking/savings account information for automatic withdrawal

Bank name: _____

Routing number: _____

Account number: _____ Checking Savings



9 Digit Routing Number

Your Account Number

Check Number

NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sexual orientation.

- We provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Success at (800) 362-3310.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, or sexual orientation, you can file a grievance with:

Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713
Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kristie Breunig, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



Multi-Language Insert

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY : 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم (711 :TTY) 1-800-394-5566.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-394-5566 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቾው: 711)።

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).