

Save time. Register online:

www.HealthSpring.com/pay-my-premium

Recurring Direct Debit Authorization Form

ONLY complete if you want your premium automatically deducted from your bank account.

Member Name:		Member ID Number:
Member Home Phone Number: ____ - ____ - ____	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<h1>TAPE VOIDED CHECK HERE</h1> <p>If you are using a checking account, you MUST tape ONLY a voided check here. If you are using a savings account, you MUST tape ONLY a voided deposit ticket here. DO NOT attach both. This will ensure accuracy in processing your request. Thank you.</p>		
<p>I hereby authorize Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (which administers my HealthSpring Medicare Prescription Drug Plan (PDP)) to withdraw from my checking/savings account amounts necessary to pay the premium, including any late enrollment penalty, owed by me under my plan, but no more than the total of two (2) month's premium in any given month. I understand this automatic deduction must go through my bank approval process. Once approved, this deduction will occur once per month (around 3rd calendar day) and will continue as long as I am enrolled in the plan or until I select another payment method. I understand this authorization will remain in effect regardless if my annual premium changes at any time during my enrollment. If the monthly premium amount changes, I will be notified in writing prior to any changes in the amount deducted from my bank account. This authority will remain in effect until I notify my plan, or my bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation.</p>		
Account Holder Signature:		Today's Date: ____ / ____ / ____

MAIL THIS COMPLETED AND SIGNED FORM

TO: HealthSpring
PO Box 269005
Weston, FL 33326-9927
Or fax to: 1-800-735-1469

Questions call: 1-800-222-6700 (TTY users
call: 711)
8am - 8pm local time, 7 days a week.
Our automated phone system may answer your call
during weekends from April 1 – Sept. 30.