

www.HealthSpring.com/pay-my-premium

ONLY complete if you want your premium to be automatically charged to your credit card.

Member Name:		Member ID Number:	
Member Home Phone Number: _____ - _____ - _____		Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number: <div> <div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>		Expiration Date: <div> <div></div><div></div> <div></div><div></div> </div> <div>MonthYear</div>	
Cardholder Name (as it appears on your Credit Card):			
Cardholder Billing Address: <div> <div></div> <div></div> <div></div> </div>			
City		State	Zip
<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 charge my credit card for 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 credit card 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 charged to my credit card. This authority will remain in effect until I notify my plan to revoke this authorization.</p>			
Cardholder Signature:		Today's Date: <div> <div></div><div></div><div></div> <div></div><div></div><div></div> </div>	