Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Premium Payment Change Form

This form must be completed and received by Senior Care Plus by the end of the month in order for your change to be effective the 1st of the next month or a later effective date.

Last Name:	First Name:	Middle Initial:
Member #:	Effective Date:	

Please check your Payment option:

☐ **Electronic Funds Transfer (EFT)/ACH** – By checking this box, you hereby authorize Senior Care Plus to deduct the premium amount selected above from your checking/savings account on or after the **5th** of each month.
You must attach your *Voided Check* when returning this form to start the EFT process.

☐ **Monthly Premium Invoice**–You will receive your monthly invoice through the mail.

☐ **Credit Card** – (Major credit cards) Please come into the Senior Care Plus office to use your credit card. **Please note if you set up recurring credit card payments it must be set up annually every January 1st.**

☐ **Deduction from Social Security Check** – By signing the bottom of this form, and checking this box**,** you hereby authorize Social Security Administration to deduct your Senior Care Plus premium directly from your Social Security check. **It may take 2 to 3 months for your deduction to be taken out of your Social Security check. Please note, you will be responsible for any premiums owed prior to the start of your Social Security deduction.**

RETURN COMPLETED FORM TO:
SENIOR CARE PLUS
10315 Professional Circle
Reno, NV 89521
ATTN: ENROLLMENT

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325- 0778. You can also apply for Extra Help online at www.ssa.gov/medicare/part-d-extra-help.

If Medicare pays only a portion of this premium, we will bill you for the amount Medicare does not cover. Please select a payment method above for the remaining premium, if any. Selection of payment method is required, even if you have a reduction in premium. If we have determined that you owe a late enrollment penalty, we will need to know how you would prefer to pay.

Signature:	**Date:**