

Social Security Withhold Form

(To Withhold Saint Alphonsus Health Plan Monthly Premiums From Your Social Security Check)

Return this completed form to: Saint Alphonsus Health Plan, Attn: Enrollment, 3100 Easton Square Place Suite 300, Columbus, Ohio 43219

Important Information About this Premium Payment Option

It is important that you understand a few facts about this option before choosing it. After reading the information below you may complete, sign and return this form to Saint Alphonsus Health Plan for processing.

PLEASE READ:

1. It could take up to 3 months for this payment option to begin.
2. You will not receive a bill from Saint Alphonsus Health Plan while this option is being processed.
3. To use this option, the amount of your monthly Social Security check must be equal-to or greater-than one month's worth of Saint Alphonsus Health Plan premium.
4. The first premium payment withheld from your Social Security check may be for an amount representing up to 3 months worth of Saint Alphonsus Health Plan premiums (if it takes that long to set this payment option up for you).
5. You may receive a notice from us if all past due premiums are not paid in full once your first Social Security "withhold" payment is received by Saint Alphonsus Health Plan.
6. Medicare does not permit more than three months worth of premium payments to be withheld from your check at one time. This may prevent some individuals from taking advantage of this option.
7. Non-payment of premiums will generally result in your loss Saint Alphonsus Health Plan coverage; though you can not be disenrolled for "non-payment" while this option is being processed.
8. If you change from one Medicare plan to another, including a Saint Alphonsus Health Plan change, it generally stops your Social Security withhold payment option. In such cases, we would have to re-establish this payment option for you (which could take up to 3 months to accomplish once started).
9. In some cases, if you are new to Saint Alphonsus Health Plan, your prior Medicare plan premium could be withdrawn from your Social Security check in error; rest assured Social Security will refund that amount back to you on a future or separate Social Security check.
10. Saint Alphonsus Health Plan members occasionally pay their premiums directly to Saint Alphonsus Health Plan while this payment option is being setup. That is acceptable. Saint Alphonsus Health Plan will promptly refund any overpayments created once we receive due premiums from Social Security.

Complete this Form if You Wish to Proceed with this Payment Option

Please carefully **PRINT** your name and read the following:

First Name	Last Name	Middle Initial
Member Number	Social Security ID	

By signing below, I acknowledge that I have read all information on this form (front and back). My signature also declares that I am electing to proceed with this payment option. This means Saint Alphonsus Health Plan monthly premium payments are to be automatically deducted from my Social Security check. I understand that by making this request I may be required to stay with this premium payment option for the rest of the calendar year. I also understand that the Social Security Administration will notify me of the date my deductions will begin.

I understand that I may receive a notice for past due premiums if my account is not paid in full once the Social Security "withhold" payment is received by Saint Alphonsus Health Plan. I also understand that non-payment of premiums or late payments may result in my being involuntarily disenrolled from Saint Alphonsus Health Plan.

YES, I read this form completely and would like this payment option.

Member Signature	Date
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Saint Alphonsus Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. Saint Alphonsus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, sex (defined as sex at birth, legal sex and/or sex stereotyping), and gender (includes gender identity, gender expression and/or pregnancy). ATENCIÓN: is habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-240-3851 (TTY: 711). 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 1-800-240-3851 (TTY: 711).