

Social Security or Railroad Retirement Board Payment Form

You can save time and stamps each month. Pay your premium (monthly payment) automatically from your Social Security or Railroad Retirement check. To do so, complete, sign and return this form.

Last Name	First Name	M.I.
Home Phone Number	Member ID Number	
Permanent Residence Street Address		
City	State	ZIP Code

Check this box if you have power of attorney for the member listed above. Attach to this form any legal papers showing this relationship. (**Note:** if you don't have power of attorney, the member must sign this form.)

I wish to have my premium (if any) for the plan taken from my Social Security or Railroad Retirement Board check.

Signature _____

Date _____

Your premium amount will appear as a deduction on your benefit check. It may take a month or two to begin. If that happens, we'll send you a bill.

Mail To:
UnitedHealthcare
P.O. Box 29675
Hot Springs, AR 71903-9675

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.