

## Social Security or Railroad Retirement Board Payment Form

You can save time and stamps each month. Pay your monthly plan payment automatically from your Social Security or Railroad Retirement Board check. To do so, complete, sign and return this form to: UnitedHealthcare PO Box 30769, Salt Lake City, UT 84130-0769.

Last Name	First Name	M.I.
Home Phone Number	Member ID Number	
Permanent Residence Street Address		
City	State	ZIP Code
<p><input type="checkbox"/> 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.)</p> <p>I wish to have my monthly payment (if any) for the plan taken from my Social Security or Railroad Retirement Board payment.</p> <p>Signature _____</p> <p>Date _____</p> <p>Your payment 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.</p>		