Automatic Premium Withdrawal

Dean Health Plan provides the convenient option to have your premium amount automatically withdrawn from your checking or savings account each month. This ensures your premium is paid on time, without you ever having to worry about it. There is no extra cost to you for this service.

How do I sign up?

It's simple. To participate, please fill out the form inside and include either a voided check or the account number and routing information for your checking or savings account.

How does it work?

Premiums are deducted on or after the 23rd of each month prior to the month of coverage. We will never change the amount of the premium without informing you.

Detach and keep

DeanHealthPlan
A member of SSM Health

Dean Health Plan, Inc. | 1277 Deming Way
Madison, WI 53717 | 1-877-232-7566 (TTY: 711)

Dean Advantage

Prevea360 Medicare Advantage

Medicare Coverage from Dean Health Plan

Automatic Premium Withdrawal Authorization

- Free, convenient and secure
- Saves time and money
- Cuts out worry and hassle

DeanHealthPlan
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Automatic Premium Withdrawal Authorization

Last name	First name	Middle initial

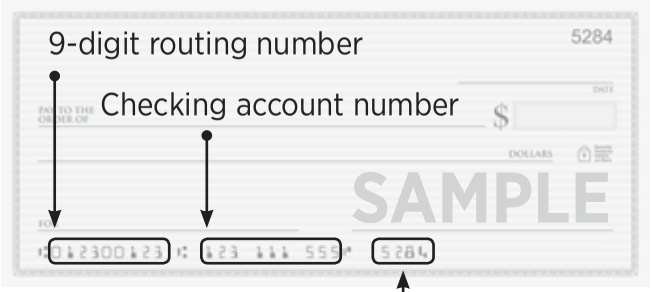
Address, city, state, ZIP	Member number (if you have one)

Please select one of the following options:

☐ **I have enclosed a voided check.**

☐ **I will provide bank account information.**

Bank name: _____



9-digit routing number: _____

Account number: _____

Type of account (select one): ☐ **Checking** or ☐ **Savings** (Your savings account number can be found on a bank statement or by contacting your bank.)

By the authorized bank account holder signature below, I authorize Dean Health Plan to instruct my financial institution to deduct my premium payments from the account designated above. I authorize the financial institution to debit the amount of my premium from my designated account. This authorization is to remain in full force and in effect until I send written notification to Dean Health Plan of my termination in such time and in such manner as to afford Dean Health Plan and the financial institution a reasonable opportunity to act on it.

Authorized bank account holder signature _____

Please return this form with your billing statement or in the provided business reply envelope along with your Medicare Advantage application. Or mail to:

Dean Health Plan – ACH
PO Box 851078
Richardson, TX 75085-1078

When can I expect it to begin?

Please allow up to 10 business days for your authorization form to be processed. The first withdrawal will take place on the next regularly scheduled withdrawal date. If you're returning this form with a Medicare Advantage application, your automatic payments will start with your first payment.

What if I have other questions?

If you have any questions please call **Member Services** at **1-877-232-7566 (TTY: 711)**, **8 am – 8 pm**, weekdays (year-round) and weekends (Oct. 1 – Mar. 31).

You must continue to pay your Medicare Part B premium. Dean Health Plan, Inc. is a HMO/HMO-POS with a Medicare contract. Enrollment in Dean Health Plan, Inc. depends on contract renewal. Dean Health Plan markets under the names Dean Advantage and Prevea360 Medicare Advantage.

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