



How to enroll in the ConnectiCare Direct Debit Program

Paying your monthly premiums the easy way

With the Direct Debit Program, ConnectiCare deducts your monthly premium directly from your bank account on the 5th of each month. Your ConnectiCare account will be credited on the next business day.

The initial deduction from your account may take one to two months to begin. Please pay your monthly premium from the paper invoice we send you until you receive confirmation that you're enrolled in the Direct Debit Program.

To enroll in the Direct Debit Program:

1. Complete and submit the form on the reverse side of this document with a blank check marked "VOID." If you are using a savings account, submit the form with a savings account deposit slip. Please note that you may not use a passbook savings account for the Direct Debit Program.
2. Mail both to the following address:

ConnectiCare Medicare
Enrollment Dept.
P.O. Box 4001
Farmington, CT 06034

You may stop participating in the Direct Debit Program by giving ConnectiCare or your bank 30 days written notice. Your cancellation will take effect the following month.

Questions?

We're here to help. Call Member Services toll-free at 1-800-224-2273 (TTY: 1-800-842-9710), seven days a week, from 8 a.m. to 8 p.m.

Direct Debit Program Application

I request and authorize ConnectiCare to charge my checking account or savings account, as indicated below, each month to pay the premium(s) due. My "voided" check or savings account deposit slip is attached. It is understood that:

1. After the effective date of this program, monthly premiums will be charged from my bank account on the 5th of each month and automatically credited to my ConnectiCare account on the next business day. If the charge to my bank account is overlooked or inadvertently not made, ConnectiCare may charge my account at a later date if my plan is still active.
2. This program may be terminated by me upon 30 days written notice to ConnectiCare or to my bank. ConnectiCare may terminate this program if any premium due is not paid or is reversed by the bank. A service fee will be assessed for unsuccessful transactions caused by "insufficient funds."
3. Notification of each premium payment will be provided to me by an entry on my bank statement or other advice from my bank.
4. If the program is terminated, all regularly scheduled premiums for coverage will be payable directly to ConnectiCare based on the rates that apply at that time.

Please complete all 12 sections below:

1. ConnectiCare ID Number:	2. Member's Name:	3. Member's Initials:	4. Monthly Premium \$ Amount:
a)			
b)			
5. Name of Depositor:			
6. Relationship to Member (check all that apply):	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian		
7. Bank Name:			
8. Bank Street Address:			
City:	State:	Zip Code:	
9. Type of Account (check one):	<input type="checkbox"/> Checking Account		<input type="checkbox"/> Savings Account
10. Bank Routing Number:			
11. Bank Account Number:			
12. X	Signature of depositor (I have read, understood, and agree to the terms and conditions of the Direct Debit Program on the reverse side and represent that I am over the age of 18 and am authorized to initiate this transaction.)		Date

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710). ©2018 ConnectiCare, Inc. & Affiliates.