Dear Member:

We are pleased to offer automatic payment as a method to pay your monthly EssentiaCare premium; a paperless service that is convenient, reliable, and safe. This option ensures that your health plan premium is always paid on time – no postage necessary! And record keeping is easy – your bank statement shows all automatic payment deductions, and serves as proof of payment.

Automatic payment allows your plan premium to be automatically deducted from your checking or savings account between the 7th and 10th days of each month.

To enroll, your account must be paid up through your current billing statement. Please complete, sign, and send us the Automatic Payment Form below along with:

- A voided check to have your monthly payment deducted from your checking account; or
- A savings account deposit slip to have your monthly payment deducted from your savings account.

Please mail your completed form and voided check or savings account deposit slip to:
UCare – ATTN: Membership Billing, P.O. Box 52, Mpls, MN 55440-0052.

Best Regards,

Lori Wendland
Membership Accounting Manager

EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal.
Automatic Payment Form

Member identification number from your EssentiaCare card:

Please deduct my monthly plan premium from my:

- ☐ Checking account (please attach a voided check – we cannot accept a checking account deposit slip).
- ☐ Savings account (please attach a savings account deposit slip).
- ☐ I am already enrolled in automatic payment and would like to change my account number.

I authorize UCare to set up my account with automatic monthly plan premium payments as directed above. By signing this form, I understand and accept the terms and conditions associated with this form (please read the terms and conditions on the back of this form).

Member Signature: __________________________________________ Date: ______________
Member Phone: (____)___________ Bank: ___________________________________________

If you have any questions, please contact Customer Services at the number on the back of your member ID card. We are available 24 hours a day, seven days a week.

Automatic Monthly Payment Terms and Conditions:

- UCare must receive this form 30 days prior to the start of monthly deductions.
- This agreement will remain in effect until you notify UCare in writing that you wish to cancel the automatic payment.
- Requests to cancel must be received by UCare 15 days prior to the deduction date.
- If premium rates change, you will be notified in writing before the next scheduled payment is deducted from your account.
- You can stop an automatic deduction temporarily for a specified month at any time by notifying UCare at least 5 business days before your account is charged.
- You must continue to pay your Medicare Part B premium.
Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-6500 (voice) or toll free at 1-866-457-7144 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-6500 or toll free at 1-866-457-7144 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-6500 or toll free at 1-866-457-7144 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address
UCare
Attn: Complaints, Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)


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 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-6500/1-866-457-7144 (телетайп: 612-676-6810/1-800-688-2534).


警告：如果您说中文，请您免费获得语言援助服务。请致电 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).


ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل ب رقم (612-676-6810/1-800-688-2534).

