Medicare Health Plan Autopay Selection Form

Use this form if you'd like to set up automatic premium payments from a checking/savings account or using a credit/debit card. Complete the Membership Details section and then select and complete Option 1 or Option 2 below; then mail or fax the form to us at the address or fax number listed below. Once you select an option, your monthly invoices will be accessible through kp.org.

To access your individual premium bill online or change your billing preferences (e.g., paperless billing), sign in to your account at kp.org. If you don't have an account, you can sign up at kp.org by clicking "Register" at the top right of the web page. Once you've registered, you can manage your delivery preferences. When payments are processed, you'll receive email confirmation.

Membership Details

🗌 California 🔲 Colorado 🔲	Georgia 🔲 Hawaii 🔲 Mid-Atlant	tic States 🔲 Northwest
Last name of Kaiser Permanente mem	ber	
First name of Kaiser Permanente mem	ber	MI
Date	Phone number	
Email address		

Option 1: Electronic funds transfer from checking or savings account

Electronic funds transfer (EFT) of your premium payment from a checking/savings account will be made between the 1st and the 5th of each month. Payments returned by your financial institution are subject to a \$25 processing fee.

Type of Account: 🔲 Checking 🔲 Savings			
Name as it appears on bank account (first name, middle initial, and last name)			
Street address (associated with account)			
City	State	ZIP code	
Bank routing number (bottom left of check) Bank account number			
Signature of account holder (<i>Required if choosing Option 1</i>)			

Important Note: Please continue to submit your monthly payment until you're notified by mail of the start date for your electronic funds transfer. Processing usually takes about 30 days after we receive this form.

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Option 2: Credit or debit card charges

Kaiser Permanente will charge your card for your premium payment monthly, 10 days be	fore the	e bill due date.	
🔲 Mastercard 🔲 Visa 🔲 Discover 🔲 American Express			
Credit card # Expiration date			
Name of credit card account holder			
Street address (associated with card)			
City	State	ZIP code	
Signature of credit card account holder (<i>Required if choosing Option 2</i>)			

Note: You may also sign up online:

- Members in California, Colorado, Georgia, Hawaii, or Northwest regions may sign up at kp.org/payonline.
- Members in the Mid-Atlantic States region may sign up at kp.org/mas/onlinebilling.

Please read carefully and sign the Automatic Premium Payment Agreement below and keep a copy for your records.

Automatic Premium Payment Agreement

I hereby authorize Kaiser Permanente to initiate debit entries from my checking or savings account or charge my credit card as indicated. If the amount of an entry differs from the previous month's entry pursuant to this agreement, Kaiser Permanente shall notify me in writing of the new amount not less than five (5) calendar days prior to debiting my account.

If my account is erroneously debited by Kaiser Permanente, I have the right to have my financial institution credit that amount back to my account within the dates dictated by the check acceptance rules. Should an error occur, I shall notify Kaiser Permanente in writing that an error has occurred and request that it credit my account in the amount in question.

This authorization is to remain in full force and effect until Kaiser Permanente receives my written notification of its cancellation. The cancellation must be received 30 days in advance of the date on which my account is to be debited.

Signature of member (*Required*)

This notification must be sent to:

Kaiser Permanente Membership Administration P.O. Box 232400 San Diego, CA 92193-9914 Fax: **1-855-355-5334**