

Automatic Payment Authorization Form



Member/Group Name: _____

Date of Birth: _____

Member or Group ID Number: _____

Phone Number: _____

Instructions:

Please complete the information below and return this form with a voided check or savings deposit slip to the address above. If emailing or faxing, a scanned copy of this form and a scanned copy of the voided check or savings deposit slip is acceptable. Please include payment for the current month's premium (if due) when returning this form.

Withdrawal dates:

- 5th of each month for Medicare Advantage policies

By signing below, I acknowledge and understand:

- Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan will withdraw the health insurance premium due on the date specified above.
- If any past due premium is owed, the entire balance due will be withdrawn.
- All payments made via automatic payment will be applied to the oldest balance due.
- If I want to cancel this automatic withdrawal, I must notify my respective plan by phone at least **5 days** prior to the scheduled withdrawal.
- If my payment is returned, automatic withdrawals will be stopped until I notify my respective plan. Other payment arrangements must be made for any past due amounts prior to reinstatement of automatic payments.

I authorize Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan to initiate monthly, electronic debit entries to the bank account as shown below. This Automatic Payment Authorization Form will remain in force until Align powered by Sanford Health Plan or Great Plains Medicare Advantage managed by Sanford Health Plan is contacted as outlined above.

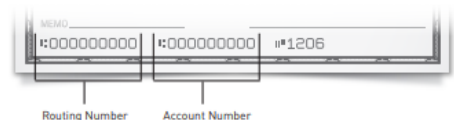
Bank Name _____

Checking Account Savings Account

Bank Address _____

Routing Number _____

Account Number _____



Member Name (please print) _____

Signature _____ Date _____

Contact Us:

Align powered by Sanford Health Plan
PO Box 91110
Sioux Falls, SD 57109-1110
Toll-Free: (888) 278-6485
TTY: (888) 279-1549

Great Plains Medicare Advantage
PO Box 91110
Sioux Falls, SD 57109-1110
Toll-Free: (844) 637-4760
TTY: (888) 279-1549

Align powered by Sanford Health Plan is a PPO with a Medicare contract. Enrollment in Align powered by Sanford Health Plan depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (888) 278-6485 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 278-6485 (TTY: (888) 279-1549). 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(888) 278-6485 (TTY: (888) 279-1549). Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

Great Plains Medicare Advantage is an HMO I-SNP with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal. Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, or any other classification protected under the law. If you need language services or information given in a different format please call (844) 637-4760 (TTY: (888) 279-1549). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 637-4760 (TTY: (888) 279-1549). 注意：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 (844) 637-4760 (TTY: (888) 279-1549). Our customer service lines are available 8 a.m. to 9 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

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H3186_HP-6988ACHForm -PY2023-MN_C
H1787_HP-6988ACHForm -PY2023-SD_C
H7511_HP-6988ACHForm -PY2023-NE_C
H8967_HP-6988ACHForm -PY2023-ND_C
HP-6988 Rev. 03/2023