Baylor Scott & White Health Plan | BSW SENIORCARE ADVANTAGE

Premium Payment Option Form

Please complete the form below to designate how you would like to pay your monthly premium.

Send the completed form to: Baylor Scott & White Health Plan, Attention: Medicare Enrollment, 1206 W. Campus Drive, Temple, TX 76502. Or, fax it to 254.298.3334.

Member Name: _____

Member ID #: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Member Phone #: (_____) _____

I will pay my premium by (select one):

☐ **Monthly statement**

☐ **Social Security Deduction** *(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction may include all premiums due. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums).*

☐ **Bank Draft** (Your account will be drafted on the 4th day of each month.)

Bank Account Holder Name: _____

Bank Name: _____

Bank Routing #: _____ Bank Account #: _____

Signature: _____ Date: _____

My signature authorizes Baylor Scott & White Health Plan to request monthly payment as noted above. If I selected "Bank Draft," I authorize Baylor Scott & White Health Plan to initiate monthly withdrawals in the amount of my current monthly premium, from the account named on this form and authorize the named banking facility (BANK) to charge such withdrawals to my account.