

Three Ways to Pay Your Monthly Premium

With Medical Mutual, there are three easy ways to pay your monthly premium. The options are described below. Choose the one that's right for you.

1. Paper Invoice

If you would like to receive a monthly paper invoice from Medical Mutual to pay your premium, you don't need to do anything. That is currently how your account is set up and will continue to be unless you choose another option.

2. Auto Pay

Medical Mutual provides a safe, secure and convenient way to pay your monthly health insurance premium automatically from your checking account. To set up auto pay:

- Log in to your My Health Plan account at MedMutual.com/Member
- On the homepage, select "Pay Your Premium"
- Follow the instructions to set up automatic payments
- Or, you can call Customer Care at 1-800-342-9069 to set up your auto pay account

3. Deduct Payment from Social Security or Railroad Retirement Board Benefits

To have your premium payment deducted from your Social Security or Railroad Retirement Board benefits, simply:

- Complete the form on the back of this page
- Sign the form
- Return it to Medical Mutual via the address listed
- Or, you can call Customer Care at 1-800-342-9069 to authorize the deduction

Social Security/Railroad Retirement Board Automatic Deduction Opt-In



Use this form to have your MedMutual Advantage plan monthly premium withdrawn automatically from your Social Security or Railroad Retirement Board benefits.

Please note: This form cannot be used to request an address change. Please call the Customer Care number on your member identification card to update your address.

Member Informatio	n					
Name					Member ID Number	
Street Address		City			State	ZIP
Primary Phone	Secondary Phone	Email Ad	nail Address			
Billing Information						
Please select the box I automatically from you					hly premiur	n withdrawn
This may take two c	on deduction from your S or more months to beg I premiums due from	gin. In most	cases, the first dec	luction fro	om your SS	A/RRB benefit
Authorization						
I am authorizing Medic	cal Mutual to change r	ny current b	illing to the selecte	d method	d as indicate	ed above.
Member Signature					Date	
If you are an authoriz	ed representative, p	lease sign l	oelow.			
Signature of Authorized Representative			Relationship		Date	

Please complete all sections above. Send the signed and completed form to:

Medical Mutual

P.O. Box 94563 Cleveland, OH 44101

You can also fax the completed form to 1-800-542-2583.

For more information about your rights and how Medical Mutual uses your information, see the Notice of Privacy Practices at MedMutual.com, or call the Customer Care number on your member ID card to request a copy.