Dear Member:

We’re pleased to offer automatic payment as a way to pay your monthly EssentiaCare plan premium. This paperless service is easy to use, reliable and safe. With automatic payment, your health plan premium is always paid on time. You won’t need to use postage. It also makes it easy to keep your records. Your bank statement will show the automatic payments and serves as proof of payment.

How do I sign up for automatic payment?
To sign up, fill out the Automatic Payment Form on the back of this letter. Be sure to sign it. Send it back to us at: UCare – ATTN: Membership Billing, PO Box 52, Minneapolis, MN 55440-0052. You’ll also need to include a:

- Voided check to have your monthly payment taken from your checking account, or
- Savings account deposit slip to have your monthly payment taken from your savings account

Automatic monthly payment Terms and Conditions
- Your account must be paid through your current billing statement.
- We must get the Automatic Payment Form 30 days before the start of monthly payments.
- We’ll take the payment from your checking or savings account between the 7th and 10th day of each month.
- This agreement will keep going until you let us know that you want to stop automatic payment.
- To cancel automatic payment, you must tell us 15 days before your next automatic payment.

Questions?
If you have questions, call Customer Service at the number on the back of your member ID card. You can also get in touch with us through your online Member Account at ucare.org.

Best Regards,

Sheri Johnson
Associate Vice President, Membership Billing and Enrollment
UCare Member ID: _____________________

☐ Checking account (Please include a voided check or print your account information below. We can’t accept a checking account deposit slip.)

Bank routing number (9 digits): __ __ __ __ __ __ __ __ __

Your checking account number: _____________________

☐ Savings account (Please include a savings account deposit slip or print your account information below.)

Bank routing number (9 digits): __ __ __ __ __ __ __ __ __

Your savings account number: _____________________

☐ By checking this box I give UCare permission to pull my total balance due with my first automatic payment deduction. This includes any past due balance that I owe to UCare and may exceed my usual monthly premium amount. Leaving this box unchecked means that I will be responsible to initiate payments for other outstanding balances.

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 name: _____________________
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

Written grievance

Mailing Address
UCare
Attn: Complaints, Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-052
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)

ATTENTION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


XIYYEEFFANAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanaaftiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ابلیکش: يوگ تیاس کوی هایس همووب کوی کاف پاب تکوگ هایس، کوم کاف پاب داوب هایس کوی. هی راو 612-676-3200/1-800-203-7225 (تی ای تی: 612-676-6810/1-800-688-2534).

ΑΠΙΣΤΟΥ: Εάν μιλάτε ελληνικά, έχετε δωρεάν υπηρεσίες συμβοηθητικής έφοδου. Καλείτε την αριθμοκυρία 612-676-3200/1-800-203-7225 (τηλεφωνική βοήθεια: 612-676-6810/1-800-688-2534).

آپیستوح: ایاپن وی، یوگ تیاس هیس هیوویکوکوی کاف پاب تکوگ هی کاف داوب هی یاو. هی راو 612-676-3200/1-800-203-7225 (تی ای تی: 612-676-6810/1-800-688-2534).


Press the number one for Spanish, press the number two for English, press the number three for French, press the number four for German, press the number five for Chinese, press the number six for Vietnamese, press the number seven for Arabic, press the number eight for Greek, press the number nine for Korean, press star one for TTY, press star two for Spanish, press star three for English, press star four for German, press star five for Chinese, press star six for Vietnamese, press star seven for Arabic, press star eight for Greek, press star nine for Korean, press 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك من خلال رقم 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).