



PREMIUM WITHHOLD OPTION FORM

Thank you for your request. KelseyCare Advantage will submit the premium withhold request on your behalf to your selected Benefit Administrator for the next available effective date.

While the automatic deduction approval is pending from your Benefit Administrator, you will continue to receive a paper bill for your monthly premium. Please understand that you are responsible for paying your plan premiums due from the enrollment effective date until the month in which premium withholding begins. If your request for premium withholding is approved, it will begin in 1-2 months.

Important notice: Your premium withholding effective date will be determined by your Benefit Administrator and will not be processed retroactively.

I would like my KelseyCare Advantage premium deducted through the:

_____ SSA (Social Security Administration)

_____ RRB (Railroad Retirement Board)

Name	
KCA ID #	
Date	
Signature	

Return this form via fax at (713) 442-5450 or mail the completed form to us at:

KelseyCare Advantage
P.O. Box 841569
Pearland, TX 77584

Member Service Representatives are available to assist you with any questions you have regarding your automatic deduction. Please contact Member Services at (713) 442-CARE (2273) or (866) 535-8343 from 8:00 a.m. to 8:00 p.m., Monday through Sunday. TTY users can call 711.

KelseyCare Advantage is offered by KS Plan Administrators, LLC, a Medicare Advantage HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.