

Social Security or Railroad Retirement Board Payment Form

You can save time and stamps each month. Pay your monthly plan payment automatically from your Social Security or Railroad Retirement Board check. To do so, complete, sign and return this form to P.O. Box 30769, Salt Lake City, UT 84130-0769.

Last Name	First Name	M.I.
Home Phone Number	Member ID Number	
Permanent Residence Street Address		
City	State	ZIP Code
☐ Check this box if you have power of attorney for the member listed above. Attach to this form any legal papers showing this relationship. (Note: if you don't have power of attorney, the member must sign this form.) I wish to have my monthly payment (if any) for the plan taken from my Social Security or Railroad Retirement Board payment. Signature _____ Date _____ Your payment amount will appear as a deduction on your benefit check. It may take a month or two to begin. If that happens, we'll send you a bill.		

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。