

# Automatic Deduction Request

Member name:	
Member ID:	
<b>Note:</b> If SSA or RRB does not approve your request, for automatic deduction, we will send you a premium notice. If they approve your request it may take two months to begin and in this case you will continue to receive a premium notice for the month(s) prior to the deduction start date.	
<b>Please check this box to authorize IU Health Plans to initiate this deduction.</b> <input type="checkbox"/> I wish to have my monthly premium payment deducted from my Social Security or Railroad Retirement Board check.	
Member signature:	
Date:	Daytime phone number:

**Send the completed form to:**

IU Health Plans  
950 N. Meridian St., Suite 400  
Indianapolis, IN 46204-1202

Or fax to:

**F** 317.968.1331



Health Plans