SummaCare®

SummaCare Medicare Advantage Direct Debit/Credit Card Authorization Form

Company Name: SummaCare, Inc. / Company ID Number 34-1726655

I hereby authorize SummaCare, Inc., hereinafter called SummaCare, and the financial institution issuing the account, credit or debit card named below, to initiate electronic draw, debit or credit transactions to my account. I acknowledge that the origination of automatic withdrawal, credit or debit card transactions to my account must comply with the provision of U.S. law.

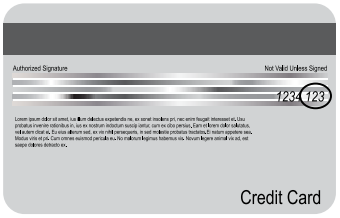
Member Name _____ Date of Birth (MM/DD/YYYY) _____

SummaCare Member ID Number OR Medicare Number _____ Phone Number _____

For Card

Please indicate: O **Credit** or O **Debit**

(Note: Card must have either the Discover, MasterCard or VISA logo to be processed)



*Last three digits of the number located on the signature on the card

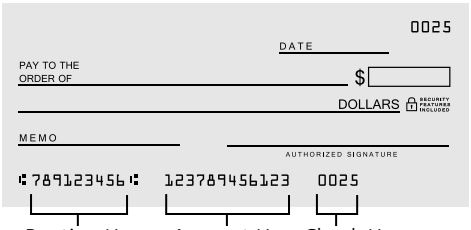
Cardholder's Name _____

16-digit Card Number | Expiration Date | CVV*

*Account Holder's Signature _____ Date _____

For Direct Withdrawal

Please indicate: O **Checking Account** or O **Savings Account**



Bank Account Holder's Name _____

Financial Institution's Name, Branch and Address (Include City, State and Zip) _____

Routing Number _____ Account Number _____

*Account Holder's Signature _____ Date _____

*If the individual cannot sign, a court-appointed Legal Guardian or person with Durable Power of Attorney (DPA), if authorized by state law, must sign this document. Attach a copy of proof of Legal Guardian, DPA or proof of authorization by state law. Payment will be drawn on the fifth day of each month. This authority will remain in full force and effect until SummaCare has received written or verbal notification from me of its termination in such time and manner as to afford SummaCare and the financial institution issuing the account a reasonable opportunity to act upon it. To contact SummaCare, please call (toll free) at 800.996.6250 (TTY 711). From April 1 through September 30, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., Monday through Friday. From October 1 through March 31, a representative will be available to take your call from 8:00 a.m. until 8:00 p.m., seven days a week. Outside these hours, you may leave us a message and a representative will return your call the next day. If you wish to cancel or change your autopayment information, please contact Member Services at the number above. To view your electronic banking rights, go to our website at summacare.com. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.

PLEASE RETURN FORM TO: ATTN: A/R, SummaCare, Inc., P.O. Box 3620, Akron, OH 44309-3620 or fax to 330.996.8953 Please do not email this form.

For Broker Use Only:

Broker Name _____ Broker NPN _____