

**Personal Information**

Gold Kidney Health Plan Member ID \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Social Security Administration or Railroad Retirement Board (RRB) Deduction**

The deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

By signing below, I authorize Gold Kidney Health Plan to initiate Social Security Administration or Railroad Retirement Board Deduction for my monthly premium. This authorization is to remain effective until I cancel this request, in writing, with Gold Kidney Health Plan, Social Security, or the Railroad Retirement Board.

Signature \_\_\_\_\_

Mail to:

**Gold Kidney Health Plan  
PO Box 285  
Portsmouth, NH 03802**

Gold Kidney Health Plan, Inc., is an HMO-POS and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity).

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call Member Services at (844) 294-6535 (TTY: 711). We are available from 8:00 a.m. to 8:00 p.m. local time, 7 days a week from October 1 through March 31, and 8:00 a.m. to 8:00 p.m. local time, Monday through Friday from April 1 through September 30.