

Medicare Supplement - Premium Payment Form

With Automatic Bank Draft, Anthem Blue Cross and Blue Shield (Anthem) will automatically draft your premium directly from your checking account.

Simplify Your Life! It saves you valuable time and money.

Pay annually and save \$48 or sign up for monthly Automatic Bank Draft and save \$2 per month ... it is easy to sign up!

(Available on policies with an effective date on or after June 1, 2010.)

Full Name (please print)		Phone	
Home Street Address (Physical Address, not a P.O. Box)		Apt #	
City	County	State	ZIP Code
Mailing Address (if different from above)	City	State	ZIP Code
Billing Address (if different from above)	City	State	ZIP Code

■ EXISTING MEMBER (Changing Payment Option to Automatic Bank Draft)

Anthem Identification Number (as shown on ID card): _____

(Allow 6-8 weeks to process your authorization. Continue to pay as billed until receiving a confirmation letter that we have set up Automatic Bank Draft for your premiums.) For existing members, **return this form to:** Anthem Blue Cross and Blue Shield, P.O. Box 659816, San Antonio, TX 78265-9106.

■ NEW APPLICANT (Initial Submission of a Medicare Supplement Application)

I understand that the premium for the coverage I have selected is \$_____.*

If your application is accepted and the amount you indicated is less or more than the actual premium amount, the difference will be reflected as a debit or credit on the first bill you receive. If the amount received is not within our payment guideline threshold, we will notify you. **To ensure proper payment setup, this form MUST be returned with your Application.*

Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy. Your Premium Payment Frequency does not guarantee your premium for any specific time period. Renewal Date is defined as generally January 1 for Medicare Select Plans and July 1 for Medicare Supplement Plans, subject to state approval. Please refer to the Outline of Coverage for additional information regarding changes in Premiums.

BANK INFORMATION (For Existing Member and New Applicant)

Deduct Premium: Monthly* Quarterly Annually*
 (*Applicable discounts for monthly or annual Automatic Bank Draft are not guaranteed and are subject to change.)
Deduct Premium From: Checking Account **Start Date:** ____/____/____
 Is this a business account: Yes No

Account Holder Name(s):

Name of Financial Institution:

Bank Routing/Transit Number (9 digits)

Bank Account Number

Automatic Bank Draft Payment: I hereby authorize the Company to make withdrawals from the account indicated above for the then-current premium, and the designated financial institution named above to debit the same account.

I understand that I am responsible to pay my premiums on schedule until set up on Automatic Bank Draft. If any premiums are owed to Anthem Blue Cross and Blue Shield when set up, I authorize my bank to draft both the past due premium along with current premium to ensure my coverage stays in effect. If I close this account, it is my responsibility to provide notification at least two weeks in advance of closing the account. I acknowledge responsibility for any overdraft fees permitted by state law.

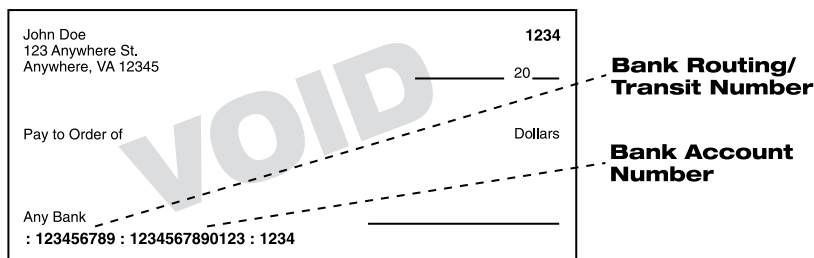
I understand that this authorization is in effect until I either submit written notification or by phone, allowing reasonable time to act upon my notification. **(Exception:** In the event payment is returned due to insufficient funds, you will be converted to paper billing.) I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I understand Anthem Blue Cross and Blue Shield and my financial institution have the right to discontinue the bank draft if they wish to do so. I understand my monthly bank statement will reflect the premium transaction and that I will not receive a bill.

Return this authorization as indicated above. **No service fees apply when paying by Automatic Bank Draft.**

Account Holder's Signature (as it appears on your bank account)

Date

Refer to the image below to identify where to locate the Routing Number and Bank Account Number. Do not include the check number as part of the Routing or Account Number.



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