

Premium Payment Form for Medicare Supplement and Anthem Extras Packages

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

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 than above)	City	State	ZIP Code
Billing Address (if different than above)	City	State	ZIP Code

Medicare Supplement

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 Medicare Supplement policies with an effective date on or after June 1, 2010.)

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

Medicare Supplement Identification Number (as shown on Medicare Supplement 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.) Please return this form to: Anthem Blue Cross, P.O. Box 659816, San Antonio, TX 78265-9116.

Deduct Premium (select one): Monthly* Quarterly Annually*

(*Applicable discounts for monthly or annual Automatic Bank Draft are not guaranteed and are subject to change.)

■ 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 policy renewal date in accordance with the terms of the Policy. Your Premium Billing Preference selection does not guarantee your Premium for any specific time period. The policy renewal date is defined as generally March 1, subject to state approval. Please refer to your *Outline of Coverage* for additional information regarding changes in Premiums.

Anthem Extras Packages

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

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

Billing number (starting with SR): _____

(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.)

Deduct Premium (select one): Monthly Quarterly Semi-Annually Annually

■ NEW APPLICANT (Initial Submission of a Anthem Extras Packages 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.*

Banking Information For Any Medicare Supplement and Anthem Extras Packages Selected Above

BANK INFORMATION (For Existing Member and New Applicant)

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

(continued)

Automatic Bank Draft Payment: I hereby authorize the Company to make withdrawals from the account indicated above for the then-current premium(s), 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 when set up, I authorize my bank to draft both the past due premium along with current premium(s) 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.

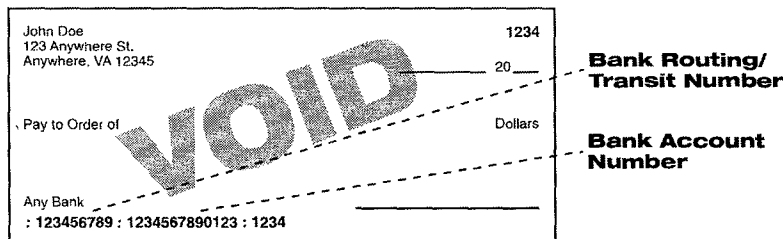
I understand that this authorization is in effect until I either submit written notification or by phone, allowing reasonable time to act upon my notification. (**Exception:** In the event payment is returned due to insufficient funds, you will be converted to paper billing.) I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I understand Anthem Blue Cross and 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.



Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.