Medicare Supplement automatic payment form

Say goodbye to paying by check with our simple automatic payment options

What is Easy$Pay?

Easy$Pay℠ is a simple, convenient way to pay your monthly Medicare Supplement plan dues without having to write a check. Just authorize Blue Shield to automatically withdraw your monthly dues from your personal checking or savings account, and you save $2 per month on your plan dues.

How does credit card payment work?

With credit card payment, you simply authorize Blue Shield to charge your monthly or quarterly dues to your Visa or MasterCard.

Many automatic advantages

By using our automatic payment options, you won't ever be concerned about paying on time again. There is no check to write, no postage to pay, and it is free.

How to get started

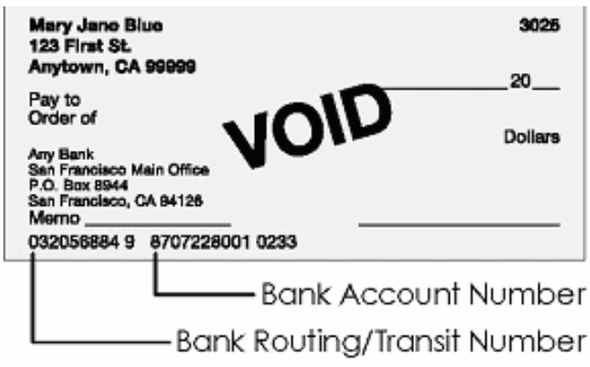
Complete the attached authorization form, and send it back to:

Blue Shield of California
P. O. Box 629013 El Dorado Hills, CA 95762-9989

Or Fax it to (916) 350-8545

To use Easy$Pay:

Complete the form, and enclose a check for your first month's dues along with a blank check or deposit slip marked "void." This will be used as a record of your account number, your bank's code, and other necessary information. If you prefer not to attach a voided check or deposit slip, you must provide your bank account number and the routing/transit number of your financial institution (see illustration below).



To use your Visa or MasterCard:

To charge your monthly or quarterly dues to your credit card, just complete the form on the next page.

It may take up to a month to process your application, so please continue to send in your monthly dues until you receive notice from Blue Shield that your automatic payment has been accepted.

Easy$Pay is a service mark of Blue Shield of California.

A10578-MS-POD (10/08)

An Independent Member of the Blue Shield Association

Automatic Payment Authorization Form

Medicare Supplement plans

I am: ☐ a new automatic payment applicant

☐ a current automatic payment user reporting a change in my credit card, bank or account number (please note this change requires 30 days for processing)

Subscriber information

Subscriber name | Subscriber number

Mailing address | Daytime phone number

City | State | ZIP

Easy$Pay – Checking or savings account debits

Debit date: ☐ 1st of month ☐ 15th of month

Note: If you're requesting Easy$Pay and you're sending a voided check or deposit slip, you don't need to complete the following.

Type of account: ☐ Checking ☐ Savings

Bank routing/transfer number

Bank account number

Name of financial institution | Branch telephone number

Name(s) on bank account

Branch address

City | State | ZIP

Credit card payments

Please note: The $2 savings only applies to the Easy$Pay payments and does not apply to credit card payments.

Type of account: ☐ Visa ☐ MasterCard

Payment frequency: ☐ Monthly charge ☐ Quarterly charge

Credit card charge date must be on the first of the month.

Cardholder name

Cardholder billing address

City | State | ZIP

Credit card number | Expiration date (mm/yyyy)

Authorization and signature(s)

Automatic payment by debit from checking/savings account:
I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to initiate debits (and/or make corrections to previous debits, as necessary) to the bank account identified on this form on the payment date and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I also authorize my financial institution to reduce the balance of my account by the amount of such debits (and/or corrections to previous debits). I will maintain sufficient collected funds in my account for the full amount of each payment. If the automatic debit transaction ever fails (e.g., no funds are available), Blue Shield will mail a bill to me at my address on record and I will be responsible for making my payment by check or money order, along with a return item service charge.

Automatic payment by credit card:
I authorize my plan, Blue Shield of California or Blue Shield of California Life & Health Insurance Company ("Blue Shield"), to charge (and/or apply credits, if correcting errors to previous charges) the credit card identified on this form on the payment date and with the frequency set forth above for the purpose of payment of the monthly dues/premium owed for myself and any family members covered by Blue Shield. I understand that charges may occur 1 to 2 days prior to the payment date indicated on this form. If the credit card transaction ever fails (e.g., over limit, expired), Blue Shield will mail a bill to me to my address on record and I will be responsible for making my payment by check or money order.

Notice to Change/Cancel Required:
I will continue to be debited/charged the amount of dues/premium owed until I cancel this automatic payment authorization upon at least 10 calendar days notice before a debit/charge, is to occur. To cancel this automatic payment authorization, or if there are changes to my account being debited/charged, I must contact Customer Service at (800) 248-2341. Blue Shield may cancel this authorization at any time upon notice to me.

By signing below, I agree to the terms and conditions of this authorization form, and I acknowledge that I have received a copy of this form (if the bank account is a joint account, all account holders must sign). I acknowledge that all payment transactions must comply with the provisions of U.S. law. I will make payments by check or money order until my automatic payment service has been activated.

Signature | Print name

Social Security number | Date

Signature | Print name

Social Security number | Date

KEEP THIS SECTION FOR YOUR RECORDS

Automatic Payment Authorization Form
Medicare Supplement plans

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Easy$Pay – Checking or savings account debits

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Bank routing/transfer number

Bank account number

Name of financial institution | Branch telephone number

KEEP FOR YOUR RECORDS

Name(s) on bank account

Branch address

City | State | ZIP

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Signature | Print name

Social Security number | Date

Signature | Print name

Social Security number | Date