

Blue Shield of California Life & Health Insurance Company Individual Term Life and Accidental Death and Dismemberment (AD&D) Insurance Credit Card Payment Authorization Form

Payment information is required with your Individual Term Life and AD&D application for your first month's premium. If you are not approved for coverage, your credit card will not be charged. If you are approved, your payment will be processed. After the first month's payment, you will be billed either semi-annually or annually, which will be due the 1st of the month.

This form must be submitted with the Application for Individual Term Life and Accidental Death and Dismemberment Insurance Coverage. Please complete this form in black or blue ink.

Applicant information:

Name

MI

Last name

Applicant's Social Security number

Billing and payment information:

Initial payment:

Credit card type: VISA MasterCard

Cardholder name

Cardholder billing address

Credit card number

Expiration date

Ongoing payments:

Payment Mode: Semi-annually Annually

(Note: If you do not select a payment mode, it will default to semi-annually.)

I authorize Blue Shield of California Life & Health Insurance Company (Blue Shield Life) to charge the initial or first month's premium (and/or apply credits if correcting errors to previous charges) to my credit card identified on this form for the initial premium payment. If the credit card transaction fails (e.g., over limit, expired), my enrollment will be delayed until such time that the initial payment can be processed successfully. I understand that if I am not approved for coverage, my credit card will not be charged and no coverage will be in effect.

Name of applicant
(parent/guardian if applicant is a minor)

Relationship if applicant is a minor

Signature of cardholder

Date (required)