

Medicare Supplement - Premium Payment Form

With Automatic Bank Draft, Blue Cross and Blue Shield of Georgia (BCBSGa)
will automatically draft your premium directly from your checking or savings 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	
Mailing Address (include Apt #):	City	State	ZIP
Billing Address (if different than above)	City	State	ZIP

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

Existing Member: BCBSGa 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: Blue Cross and Blue Shield of Georgia, P.O. Box 9063, Oxnard, CA 93031-9063.

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

I understand that the initial 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.*

Deduct Premium: Initial Payment by Automatic Bank Draft Initial and Recurring Payments by Automatic Bank Draft
 Recurring Only (Initial Payment by other method)

Initial Payment by Credit Card: I wish to pay my initial* payment by Credit Card. If your application is accepted, you will be billed for any future payments unless you sign up for Automatic Bank Draft for Recurring Payments. (***Initial Payment** includes Annual Billing on the Application. If you select, Annual Billing we will charge your credit card for premium from the coverage effective date through the policy renewal date.)

Cardholder Name*: _____ Type of Credit/Debit Card: VISA MasterCard

* Full name as it appears on the card (First, Middle/MI, Last)

Credit Card Number: _____ Expiration Date (MM/YYYY): ____/____

Cardholder Address (if different than above): _____

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.)

Account Holder Name(s):

Name of Financial Institution:

Bank Routing/Transit Number (9 digits)

Bank Account Number

Credit Card Payment: I authorize the Company to charge my credit/debit card for the amount specified above. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it.

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 Blue Cross and Blue Shield of Georgia 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.

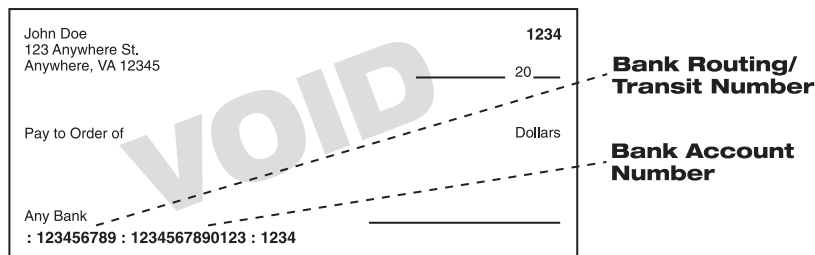
I understand that this authorization is in effect until I either submit written notification or by phone, allowing reasonable time to act upon my notification. (**Exception:** In the event payment is returned due to insufficient funds, you will be converted to paper billing.) I also understand that if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