Now you can pay your Health insurance premium the easy, safe and dependable way:

Automatic Premium Payment

The Automatic Premium Payment Withdrawal option allows Excellus BlueCross BlueShield to deduct your premium from your bank account.

You will receive a statement before the withdrawal is made so you will always know exactly what is being deducted from your account.

Sign Up Today! It's Easy! Here's How:

- 1. Complete the application that is on the inside of this brochure
- 2. Attach a voided check or deposit ticket. (starter checks are not accepted)
- Please continue to make any outstanding payments as you will be notified when your automatic premium payment withdrawal application has been processed.

Once we process your application, you will receive a confirmation letter advising you that we will deduct your next premium payment from your bank account.

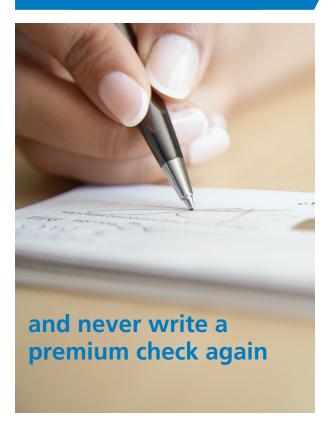
Questions?

We can answer your questions, just call our customer department at the phone number listed on your identification card.

Making it Easier for You?

With automatic premium withdrawal we will deduct your insurance premium from your bank account.

Put away your checkbook!







National strength. Local focus. Individual care.™

A nonprofit licensee of the Blue Cross Blue Shield Association

Automatic Premium Payment Authorization Form

When completed, mail this form and your voided check to:

PO Box 21146 Eagan, MN 55121-0146

	Subscriber Identification Nu	per Identification Number:	
Subscribers Name:	First	MI	
Home Address:			
Bank Name:			
Bank Branch:			
Bank Account#:			
Bank Routing#:			
Indicate type of account: Checking	g 🗆 Savings		
Payment withdrawals are made on the	4 th calendar day of the month.		
I authorize Excellus BlueCross BlueShield to	charge the designated bank accou	ınt as noted.	
Authorization pertains only to the subscriber those members listed on this form. This agree of its termination, or subscriber is no longer e	ement remains in force until I notify E	xcellus BlueCross BlueShield in writing	
Account Holder's Name:	First	MI	
Account Holder's Signature:		Date:	

ATTACH CHECK HERE:

Reminder - Your application cannot be processed without a voided check or deposit ticket