

blue  of california

Medicare Supplement Plans Easy\$Pay form

Say goodbye to paying by
check with Easy\$Pay

An Independent Member of the Blue Shield Association A10578-MS (10/12)

blueshieldca.com

What is Easy\$Pay?

Easy\$PaySM 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 \$3 per month on your plan dues. That's up to \$36 per year in savings!

Many automatic advantages

By using this automatic payment option you won't ever be concerned about paying on time again, and you'll help us take another step forward in going green by reducing the need for a paper bill. There is no check to write, no postage to pay, and it saves you money.

How to get started

Complete the attached authorization form, and send in the section marked "Fill out and return" in the enclosed postage-paid envelope. The section marked "Keep for your records" is for you to keep.

How to get started (continued)

Enclose 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).

Mary Jane Blue	3025
123 First St.	
Anytown, CA 99999	
Pay to	_____20_____
Order of	Dollars
Any Bank	
San Francisco Main Office	
P.O. Box 8944	
San Francisco, CA 94126	
Memo _____	
032056884 9 8707228001 0233	

Bank account number

Bank routing/transit number

- 1 Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber.

Fill out and return

Easy\$Pay authorization form (Medicare Supplement plans)

- I am: A new Easy\$Pay applicant
 A current Easy\$Pay user reporting a change in my 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 _____

Debit date: 1st of month 15th of month

Note: If you're sending a voided check or deposit slip, you don't need to complete the account information.

Type of account: Checking Savings

Bank routing/transit number _____ Bank account number _____

Name of financial institution _____ Branch telephone number _____

Name(s) on bank account _____

Branch address _____

City _____ State _____ ZIP _____

Send this form to:

Blue Shield of California
PO Box 629013
El Dorado Hills, CA 95762-9989

Authorization and signature(s)

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 understand that charges may occur two to three days prior to the payment date indicated on this form. 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 returned item service charge.

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** [TTY **(800) 241-1823**]. 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.

Cardholder/account holder signature

Print name

Social Security number

Date

Signature

Print name

Social Security number

Date

Keep for your records

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