

**Anthem Blue Cross and Blue Shield
Lumenos Health Reimbursement Account (HRA) Banking Form**

Please complete the following for draw accounts:

We, _____ hereby authorize and request Anthem Blue Cross and Blue Shield (Anthem) to effect payment for any amounts owed by us to Anthem periodically as such amounts become due without any further authorization from us by initiating electronic debit entries to our account _____
Account Number Routing Number

_____ at _____
Type of Account Company's Bank Name & Address

We also hereby authorize _____
Company's Bank Name

to accept any debit entries initiated by Anthem to our account and to debit the same to such account without responsibility for the correctness thereof.

This agreement can be terminated by the company upon 30 days prior written notice to Anthem and _____
Company's Bank Name

In the event the company issues a notice of termination of this banking form, said notice shall specify an alternative payment method (available options are listed below):

Please indicate other payment method (if not using draw account):

- Paper Check (Please remit to Health Plan Address)
- Wire Transfer (Anthem will initiate follow-up phone call)

Name of Company

Name of Signatory

Title

Date

Please indicate Billing Cycle:

- Daily (recommended and requires draw)
- Weekly (check, wire or draw)
- Monthly (check wire or draw)

For ASO Billing Department Use Only:

Notes:	
SIP CODE: _____	Eligible Employees: _____
Firm Number: _____	Underwriter: _____
Sales Rep: _____	E&B Installer: _____