



Electronic Fund Transfer

Enjoy the convenience of Direct Payment.

It's easy and worry free!

Now it's easier than ever to pay your health insurance premium.

With Direct Payment, we'll automatically withdraw funds from your bank account each month to pay your Anthem Blue Cross and Blue Shield plan premium. It's so easy to do!

Save time and money

- No check writing.
- No postage costs.

Enjoy convenience

- You don't have to write a plan premium check.
- Funds are automatically transferred from your bank account each month.
- You never have to worry about a lapse in coverage because you forgot to pay your bill.

Sign up easily

Complete the attached authorization form and return it to Anthem Blue Cross and Blue Shield. Be sure to include:

- Your bank name and address.
- Your bank number.
- A check marked "VOID" for transfer from your checking account.

Before Direct Payment can begin, you need to make your first plan premium payment by mail. Then we'll confirm your participation and let you know your Direct Payment program start date.

Sign up now and enjoy the convenience of Direct Payment.

Questions? Please call the number on the back of your ID card.

Direct Payment Authorization—I hereby authorize the financial institution named below to deduct from the account specified below my applicable health insurance premium payment coming due under my health insurance policy and to remit each such payment to Anthem Blue Cross and Blue Shield (the "Plan") in accordance with instructions received from the Plan. This authorization will extend to all premium payments coming due under my health coverage with the Plan. I may cancel this authorization at any time by notifying the financial institution specified below in writing.

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Anthem Blue Cross and Blue Shield Membership No.: _____

Financial Institution Name _____

Financial Institution Address _____ City _____ State _____ Zip _____

Account No. _____ Type of Account* Checking Savings

Signature _____ Date _____

***Important:** Please attach a check marked "VOID," with your account number on it to ensure assignment to the proper account. Please complete and return this form to Anthem Blue Cross and Blue Shield, P.O. Box 641, North Haven, CT 06473.

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