

Premium Payment Form

(Please Print Clearly)



Health. Join In.

Save \$2 on Your Monthly Premium — Enroll in Automatic Bank Draft

If you sign up for monthly Automatic Bank Draft (sometimes referred to as Electronic Funds Transfer or EFT), we will pass the savings on to you. By eliminating a monthly bill, you save as well in time and postage. In addition, there's no need to worry about your premium if you are traveling or hospitalized.

Applicant's Full Name: _____ Date of Application _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: () _____

Please Return this Form With Your Application.

Section 1. Amount of Premium

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 than or more than the actual premium amount, the difference will be reflected as a debit or a credit on the first bill you receive from Anthem Blue Cross and Blue Shield (the Company) — provided that the amount is within our payment guidelines. If the amount is not within our guidelines, we will notify you.)

Section 2: Paying by Monthly Automatic Bank Account Withdrawal

Yes, I would like to pay my premium by monthly automatic bank account withdrawal.

Please deduct my premium from my/our bank account for *(check one)*:

- My first month payment only
- My first and ongoing payments
- My ongoing payments only (I am making my first payment by another method)

If you want to change your payment method later, please contact us.

Authorization and Signature(s): I/we authorize the Company to make withdrawals in the amount of the then-current premium rate, based on the billing frequency indicated on my Application, from the:

- Checking Account:** Personal Business
- Savings Account:** Personal Business

named below and I/we authorize the financial
(continued, next column)

institution to charge such withdrawals to my/our account.

Provide the following bank account information*

Name(s) on Checking/Savings Account:

Name of Bank (or other Financial Institution):

Financial Institution Routing No.:
(first 9 digits in lower left corner of check/deposit slip)

Account No.: _____

** You may attach a check or savings account deposit slip from your bank, marked "VOID" in ink.*

Authorization:

This authorization remains in effect until the Company and the financial institution above receive notification from me or one of us (if a joint account) of its termination in such time and manner as to provide reasonable time to act on it or the policy terminates.

Each person listed on the checking/savings account must sign here:

X _____

X _____

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