

Blue Shield Medicare Rx Plan automatic payment form

What is Easy\$Pay?

Easy\$PaySM is a simple, convenient way to pay your Blue Shield of California Medicare Rx Plan premium.

Say goodbye to paying by check with our simple automatic payment options.

Visit us at blueshieldca.com

The automatic payment advantage

With Easy\$Pay, you won't be concerned about paying on time. There is no check to write, no postage to pay, and this service is offered to you at no extra charge. Simply authorize Blue Shield to withdraw the monthly premium from your personal checking or savings account on the fifth of each month.

It may take up to a month for your bank to process your application, so you may be asked to make one more premium payment before your Easy\$Pay deduction begins.

If you ever change your mind and want to stop your Easy\$Pay deduction all you need to do is notify the Member Services department at **(888) 239-6469 (TDD (888) 239-6482)**, 8 am to 5 pm, Monday – Friday, excluding holidays or your bank at least 10 days before the 5th day of the month.

Here's all you do

1. Complete the Blue Shield of California Medicare Rx Plan Automatic Payment Authorization form.
2. Write a check payable to Blue Shield of California Medicare Rx plan for one month's premium.
3. 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.

If you would like the payment to be deducted

from your savings account, please provide the account number and routing/transit number of your financial institution. (see illustration below).

The illustration shows a check from Mary Jane Blue, 123 First St., Anytown, CA 99999. The check is marked "VOID" in large, bold letters. The check number is 3025. The payee is Any Bank, San Francisco Main Office, P.O. Box 8944, San Francisco, CA 94126. The amount is 20 Dollars. The routing/transit number is 032056884 9 8707228001 0233. Two lines with arrows point from the text "Bank Account Number" and "Bank Routing/Transit Number" to the corresponding fields on the check.

4. Send the completed authorization form, your check for the one month's premium and your voided check to the following address:

ATTN: FINANCE DEPARTMENT
Blue Shield of California
Medicare Rx Plan
6300 Canoga Avenue
Woodland Hills, CA 91367

Continue to submit your monthly dues until you receive notice from Blue Shield that your automatic payment has been accepted.

Easy\$Pay is a service mark of Blue Shield of California.

Blue Shield of California Medicare Rx Plan Automatic Payment Authorization Form

I AM: A new Automatic Payment applicant A current Automatic Payment user reporting a change (requires 30-day notice)

Member Name (If you are a current Blue Shield member please include your member number) Subscriber's daytime phone number

Mailing Address City State Zip Code

Note: If you're requesting Easy\$Pay and you're sending a voided check or deposit slip, you don't need to complete the following.

CHECKING OR SAVINGS ACCOUNT DEBITS

Type of account: Checking Account Savings Account

Bank Routing/Transfer #

Bank Account Number

Name of Financial Institution

Name(s) on Bank Account

Branch Address City State Zip Code

Branch Telephone #

I authorize my health plan, Blue Shield of California, to initiate debits (and/or corrections to previous debits) from my account with the financial institution identified by me on this form or voided check or deposit slip for payment of my Blue Shield Medicare Rx Plan premium.

I also authorize that financial institution to reduce the balance of my account by the amount of those debits (and/or corrections to previous debits) on the agreed upon schedule. This authorization will remain in effect **until** I provide notice revoking the authorization by calling Customer Service at (800) 248-2341 at least 10 days before my account is to be debited.

Authorized Signature(s) – as it/they appear in the financial institution's records. If the account is listed as a joint account, both account holders must sign. If the holder of the account is not an individual, the one signing on behalf of the company/partnership/ etc. must identify him/herself and his/her relationship to the company/partnership.

Signature _____ Date _____

Print name _____ Relationship _____

Signature _____ Date _____

Print name _____ Relationship _____