Blue Cross Individual Coverage Credit Card Premium Payment Authorization Applicant Information

Applicant Information

Name of Blue Cross Policyholder	Social Security No.
Contact Phone number Daytime phone ( )	**OR** Blue Cross ID No.
Evening phone ( )	Additional ID No.

Please charge my credit card for all my Blue Cross coverages. ☐ Yes ☐ No

If you don't want us to charge for all your Blue Cross policies, please specify:

Payment Information

Credit Card ☐ VISA ☐ MasterCard ☐ Discover	How often do you want to pay through your Credit Card on a recurring basis? ☐ Monthly ☐ Every two months ☐ Every three months
Card No. Expiration Date / Card Holder's ZIP Code	**ONE TIME ONLY PAYMENTS**. Please tell us how many months _____ (1-12) you want to pay through your Credit Card? (If you don't specify the number of months, we will deduct two months of premium.)

I request and authorize Blue Cross to charge my card for premiums in the manner and frequency indicated above. I understand that the amount may vary as a result of changes I make, such as, but not limited to, adding and deleting dependents, or moving to a new location. The amount may also change as outlined in my policy. This authority is to remain in effect until revoked by me by providing a 30-day written notice. I agree that if any card payment be dis-honored, whether with or without cause and whether intentionally or inadvertently, Blue Cross is not to be liable, including any fees imposed by my bank, should my card be rejected even though such dishonor may results in forfeiture of coverage.

Cardholder's Name *(as it appears on the credit card)*	ZIP Code	Relationship to Policyholder
Signature of Cardholder **X**		Today's Date
Signature of Policyholder **X**		Today's Date

Mailing Address

APPLICANTS PLEASE SUBMIT WITH ORIGINAL ENROLLMENT APPLICATION TO:	**CURRENT MEMBERS SUBMIT TO:**
Individual Underwriting Blue Cross of California P.O. Box 9041 Oxnard, CA 93031-9041 FAX: (800) 327-9255	Individual Membership Blue Cross of California P.O. Box 9051 Oxnard, CA 93031-9051 Phone: (866) 249-4844 FAX: (805) 713-8845

FOR AGENT USE ONLY

Please complete this Authorization form and mail it along with the enrollment application to Individual Underwriting noted above.

Agent Name	Agent ID No.
Phone No. ( )	FAX No. ( )

FOR BLUE CROSS USE ONLY

Authorization No.	Date
Confirmation No.	Date

Blue Cross of California and BC Life & Health Insurance Company are Independent licensees of the Blue Cross Association.
The Blue Cross name and symbol are registered marks of the Blue Cross Association.