

# **Automatic Bank Draft Authorization for Health Insurance BlueElite Premiums**

**CONFIDENTIAL** Fill out this form only for automatic bank draft payment.

#### Please mail, fax or email this completed form back to us at:

Mail: BlueCross BlueShield of Tennessee Attn: Individual Membership Services 1 Cameron Hill Circle, Suite 0033 Chattanooga, TN 37402 FAX: 423-535-1308

EMAIL: individual bank drafts@bcbst.com

If you'd like to complete this form online, visit <b>bcbst.com/payments</b> .	
□ New Bank Draft □ Revisions to Existing Bank Draft	
Member Name:	
Member ID Number:	
Member Address:	
City:State:ZIP:	
Daytime Phone Number: () Cell Phone or Alternate Number: ()	
Name of Bank:	
Bank Routing Number:	- Account Number
Bank Account Number:	
Name on Bank Account:	☐ Checking☐ Savings

I authorize BlueCross BlueShield of Tennessee, Inc. to draft the bank account listed above for payment of health insurance premiums related to the member ID/policy identified on this form. I agree that BlueCross BlueShield of Tennessee's rights for each such draft will be the same as if it were a check made payable to BlueCross BlueShield of Tennessee and signed by me. I understand that this amount of premium may change and hereby authorize BlueCross BlueShield of Tennessee, to draft the bank account listed above for such changes in premium amounts. I understand I will be notified 30 days prior to changes in premiums to be drafted from the bank account listed above. This authorization is valid until I call Membership and Billing or provide a written notice of cancellation to BlueCross BlueShield of Tennessee at least 30 days prior to the time payment is due.

I further agree that should a debit be dishonored, whether with or without cause or whether intentionally or inadvertently, BlueCross BlueShield of Tennessee, shall have no liability whatsoever, even if such dishonor results in forfeiture of coverage. BlueCross BlueShield of Tennessee subscribers will be charged a \$50 fee to reinstate a medical policy that is terminated for non-payment. In addition, subscribers will be charged a \$25 Return Item Fee for payments not honored by their financial institution.

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Authorized Signature:	Date:

### **Important Things to Know**

- We must have your completed form 30 days in advance of your premium due date.
- You will receive confirmation when your automatic bank draft payment goes into effect. If you get a paper bill or email notification indicating you can view your billing statement online before your bank draft payment is confirmed, please return payment as requested.
- You can authorize your bank to make plan premium payments automatically through your bank account.
- Until your bank draft begins, you will receive a monthly bill and you will need to pay by check.
   You can also pay through your online account or by calling Membership and Billing Customer Service.

#### Frequently Asked Questions About the Automatic Bank Draft System

What if someone else pays my premium payments?
 The person who makes your payment can use the automatic bank draft system by completing this form.

For more information about third party payments, please go to **bcbst.com/3rdpartypayments**.

What if I change banks?

Simply fill out a new authorization form to continue the automatic bank draft withdrawal at your new bank. Just let us know about the change, and we will send you a new authorization form.

To avoid a disruption in service, please send your request at least 30 days before your payment is due.

What if I want to cancel the automatic bank draft service?

You may call Membership and Billing or give us a written notice and we will change your payment method to bill you directly.



## **Questions?**

Call Membership and Billing Customer Service at **1-800-725-6849**, TTY **711** | 8 a.m.–6 p.m. ET, Monday–Friday



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com