



Please mail or fax this form and a voided check back to us at:

Attn: BlueAdvantage Operations

1 Cameron Hill Circle, Suite 0005 | Chattanooga, TN 37402

Fax: 423-535-8846

If you'd like to complete this online, visit **bcbst.com/payments**.

FILL OUT THIS

FORM ONLY FOR

AUTOMATIC BANK

DRAFT PAYMENT.

☐ 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:

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 Routing Number

2	2	2	2	2	2	2	2
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2	2	3	1	1	5	5
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 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 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 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.

I understand I have the right to revoke this authorization by notifying BlueCross BlueShield of Tennessee in writing 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.

Authorized Signature: _____ Date: _____

Signature(s) of Bank Depositor (Sign exactly as name appears on bank records.)

Important things to know

- If you have a plan with a premium or late enrollment penalty, you can use this form to ask us to take payments from your bank account automatically. If you have a \$0-premium plan and don't need to make any other payments to us, you don't need to fill out this form.
- We must have your completed form 30 days in advance of your premium due date. If you're billed before your bank draft payment goes into effect, please send your payment as requested.
- You can authorize your bank to make plan premium payments automatically through your bank account.
- Until your bank draft begins, you'll get a monthly bill and you'll need to pay by check.

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'll 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?**
Give us a written notice, and we'll change your payment method to bill you directly.



Questions? Give us a call at the Member Service number on the back of your Member ID card.



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

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). BlueCross BlueShield of Tennessee, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-831-2583 (TTY: 711) or speak to your provider. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-831-2583 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

¹Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)