

Updating Member's Banking Information

This training presentation focuses on Individual & Family Markets

The content is for producer education and training purposes only and should not be shared with a prospect, applicant, member, group or the general public.

Updating Member's Banking Information

Payments

Current Balance
-\$2.02

Upcoming Payments

Autopay: Off

Blue Precision Bronze HMO
205 | BlueCare Dental 1C
Payment Due Date

Health

Dental

Make a Payment

Cancel X

Manage Autopay Settings
Autopay payments will be applied to all current and future bills.

i

If your client would like to edit or turn off their Auto Bill Pay, they can do so on their account, or please direct them to contact Member Services at 800-538-8833 for assistance.

If you would like to edit or turn off this member's Auto Bill Pay, please contact Producer Services at 888-313-5526.

X

Payment Method
New Bank Account

First name

Last name

Routing number

Account number

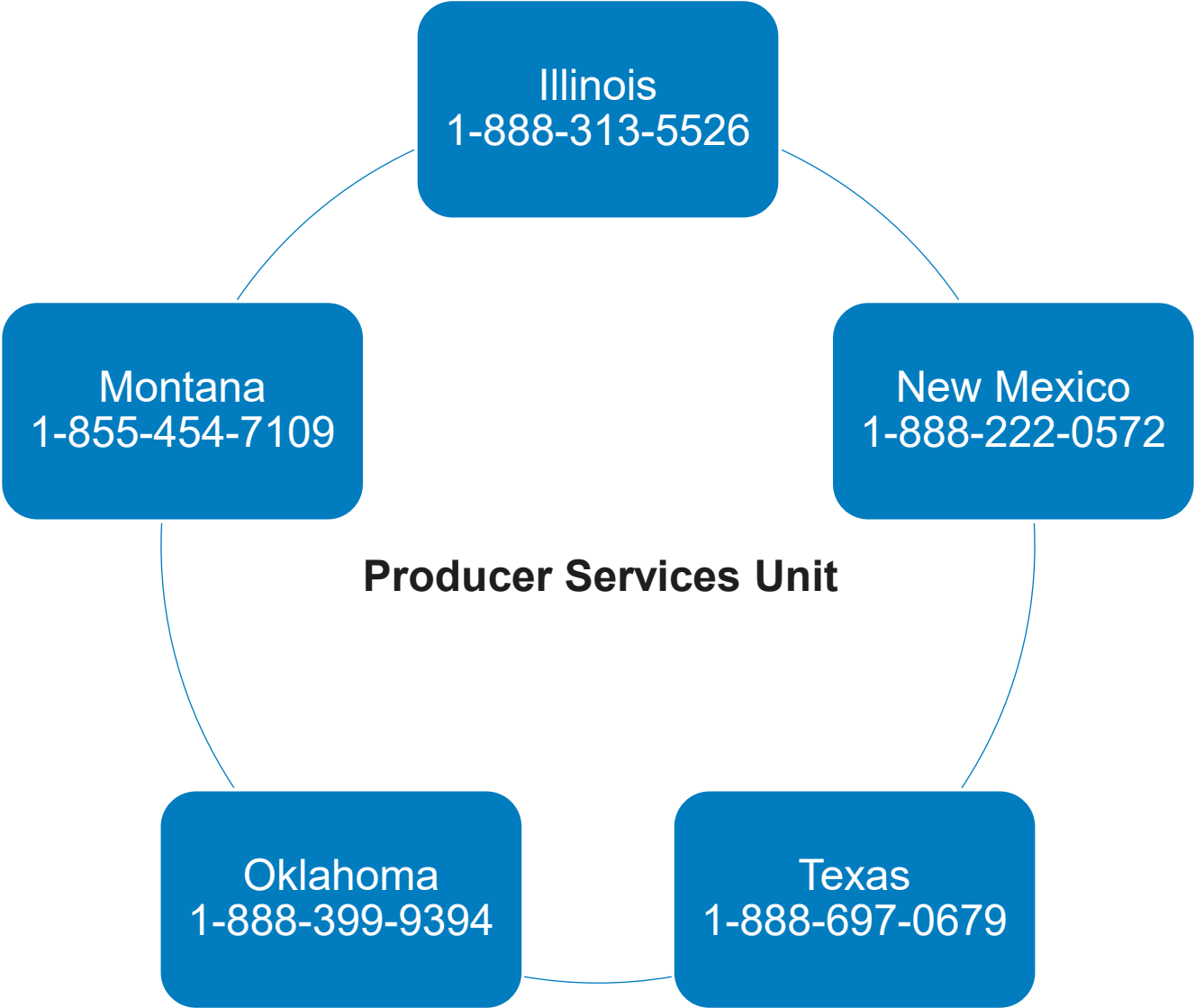
Options:

- 1.) The **Producer** can call Producer Services and update that information as long as the primary insured is the bank account holder.
- 2.) The **Member** can either go to their Blue Access for MembersSM account and update the banking information. The **member** can also call Membership/Customer Service to update the routing and/or account number for monthly auto bill pay.
- 3.) The **Member** can complete the Automatic Premium Payment Authorization Agreement with updated banking information, and the Producer can submit via upload on RPP.
- 4.) The **Producer** can make a change to the banking information on the member's profile in RPP via the Member Payment Portal.

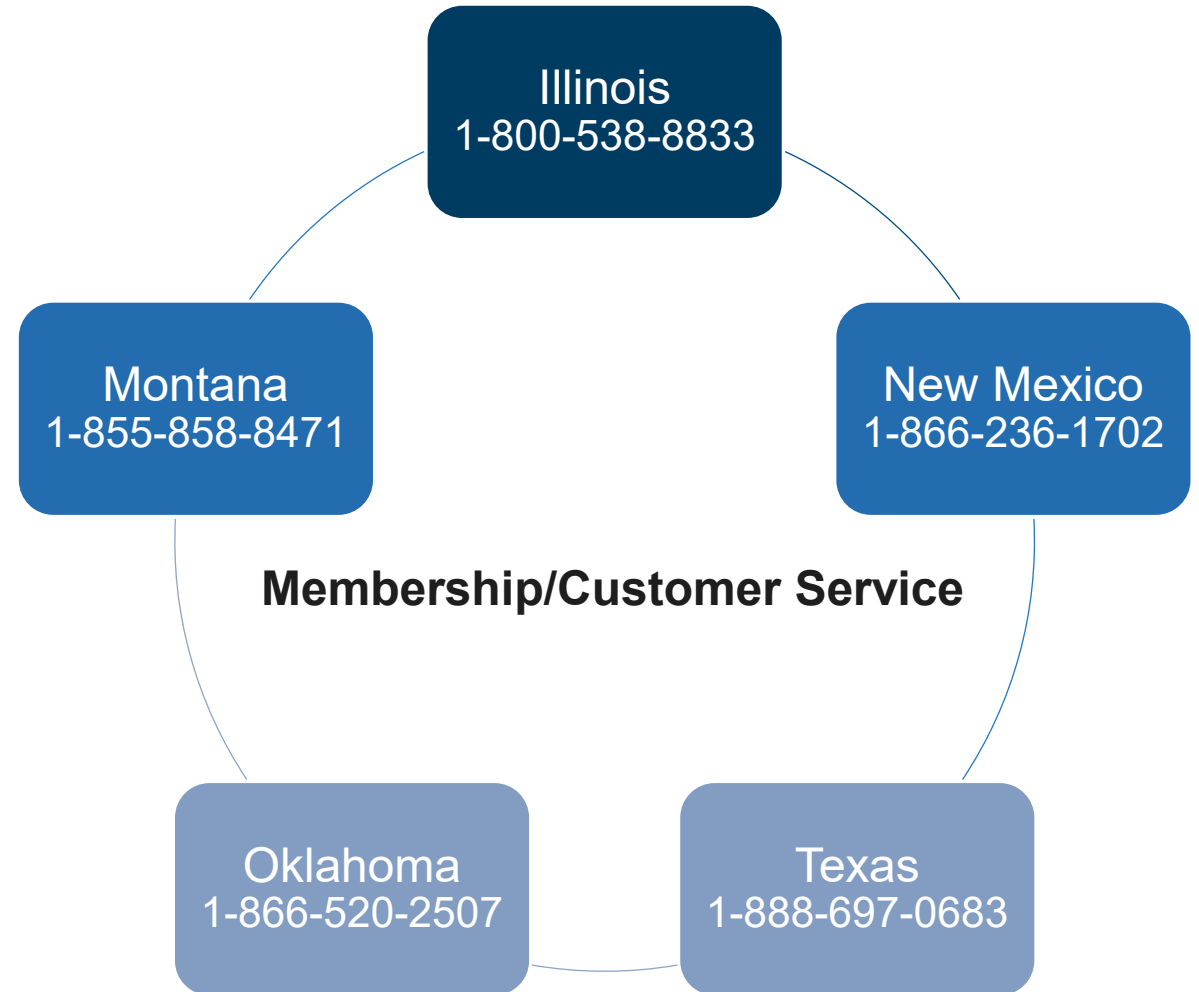
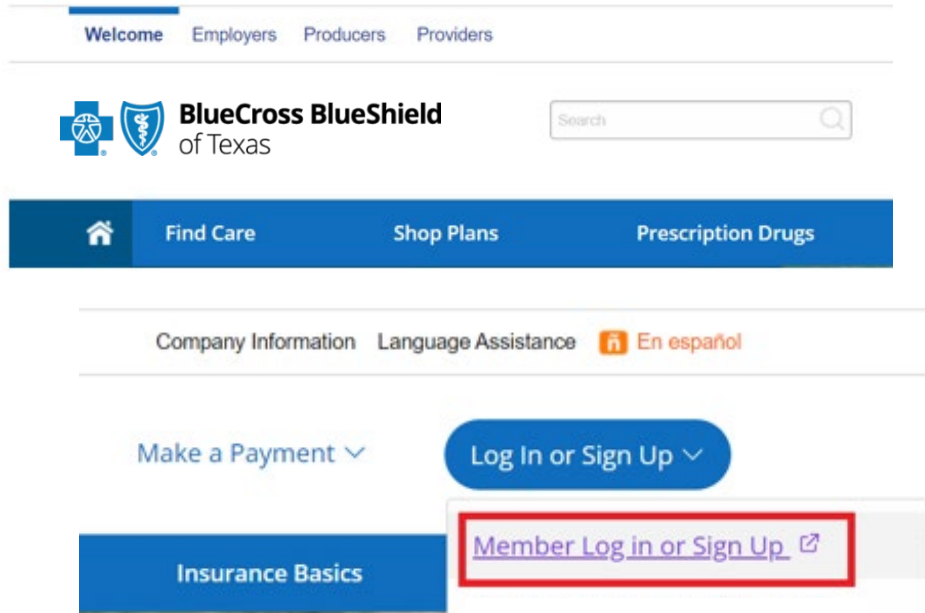
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Option 1 – Contacts



Option 2 – Contacts



Option 3 – Auto Bill Pay Form



Auto Bill Pay

Automatic Premium Payment Authorization Agreement

**NOTE:**

For you to enroll in Auto Bill Pay, we must have your email address.

For convenient monthly premium payments, first confirm your financial institution accepts automated electronic withdrawals. Then to sign up, you can:



Go to **bcbasil.com**, log in to Blue Access for MembersSM, and go to Make a Payment.



Or, mail this form to:
Blue Cross and Blue Shield of Illinois
P.O. Box 660819
Dallas, TX 75266-0819



If you need help with this form or have questions, please call Customer Service toll-free at **800-538-8833**.

How Auto Bill Pay Works

Withdrawal Timing and Sufficient Funds

- Payments are due on the last day of the month before the month of coverage.
- If the payment date falls on a non-business day or a holiday, the payment will be taken on the next business day.
- If a payment is denied for non-sufficient funds, Blue Cross and Blue Shield of Illinois (BCBSIL) may try to process the charge again at any time in the next 30 days.
- BCBSIL will not pay you back for any fees my bank or credit union charges you for not having enough money in your account.

Company checking accounts may not be used unless:

- You have the authority to approve this payment agreement,
- The company is not paying any portion of this premium directly or by paying you back, and
- The company is not deducting any part of the premium from your pre-tax income under section 106 or section 162 of the Internal Revenue Code.

Go online or complete the agreement on page 2. ➡

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

31561.0222

Automatic Premium Payment Authorization Agreement

Please complete the following:

Name of member/applicant: _____

BCBSIL member ID/applicant's Social Security number: _____

Name of depositor(s) if other than the member/applicant: _____

Phone number of member/applicant (or depositor if different): _____

Email address (REQUIRED): _____

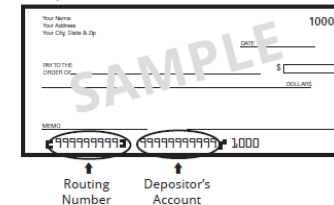
Name of bank and city and state where account is authorized: _____

Please check one: ☐ Checking account ☐ Savings account

Routing number: _____

Depositor's account number: _____

Deduct ongoing monthly premium payments only from my checking or savings account. ☐ Yes ☐ No

Sample Bank check

- Please make sure you have enough money in your account when you submit this Agreement.
- Both the bank or credit union and BCBSIL reserve the right to end this payment program or your participation in it if payment is denied for non-sufficient funds. This means payments would not be made automatically anymore. Coverage may stop (claims would not be paid) if you do not pay your monthly bill.
- To change the bank or credit union these payments are paid from, you will need to give at least 10 days notice to BCBSIL by telephone before a scheduled payment date.



NOTE: Please continue to pay your premiums until you receive a confirmation letter from us stating the date automatic payments will begin.

I confirm that I want BCBSIL and/or its designee to automatically withdraw monthly premium payments from my checking or savings account (named above). Withdrawals will occur on the last business day of the month before the next month of coverage. If the last usual business day (any Monday through Friday) of the month is a holiday or other nonbanking day, I confirm payment will be withdrawn on the next business day. Withdrawals may be in the form of checks, share drafts or electronic debit entries. I also confirm that I want my financial institution named here to honor the same payments from my account.

I have read and accept the above agreement.

Depositor's signature: _____ Date: _____

Option 4 – Changing the member's banking information for Auto Bill Pay

Retail Producer Portal

IL-Major Medical

Menu

Account

Welcome, [Redacted]

Home

Client Info

E-Communication

Quotes

Resources

Training

Enrollment

Show less

Client Search

Client Leads

▶ Add New Prospect

▶ Search for Prospects

Reporting

▶ Create Report

▶ View My Custom Reports

▶ Book of Business

Back to Search Results

Select Transaction

GO

Make A Payment

Submit E-Question

Enroll Member

Client Information

Account Number: 740100245

Name: MICHAEL [Redacted]

Home Phone: (406) 540-2374

Spouse Cell Phone:

Address: 300 EAST RANDOLPH STREET

Cell Phone:

Fax:

CHICAGO, IL 60601

Work Phone:

E-mail Address: [Redacted]

Click on the tab marked Make a Payment. The next screen that pops up will be the Terms of Use. You must check the box for the Continue button to generate. Click the blue Continue button.

Terms of Use

Blue Cross and Blue Shield of Illinois offers individuals an opportunity to make a one-time online guest payment, set up monthly ACH, and change the banking information on established ACH accounts through Fiserv®, an independent PCI-compliant subcontractor of BCBSIL. Fiserv provides the technology needed to support an online credit card, debit card and automated clearing house (ACH) payment. The information requested will allow you to initiate an online payment session. If at any point you close this website or time out of your browsing session before completing the payment process, none of your information will be saved. If you return later, you will need to provide the request information again.

☐ I attest that I am authorized to accept these Terms of Use and use the authenticated payment portal on behalf of the subscriber.

Continue

Option 4 – Changing the member’s banking information for Auto Bill Pay

Broker Name:

Broker ID:


Member ID:

Payments

Current Balance

\$605.44

Upcoming Payments



Auto Bill Pay: On

Next Auto Bill Payment:

Payment Method

Blue Advantage Silver HMO 601

Payment Due Date

Aug 31

\$605.44

Aug 31

Manage >

Make a Payment


Make sure the policy is set up on Auto Bill pay.
Click on the Manage link.

Cancel

×

Manage Auto Bill Pay Settings

Below, you can opt in to Auto Bill Pay to have your monthly payments paid automatically, safely and on time.



It is too close to the next payment date to change your payment method because you have a payment processing. You can make changes to your payment method starting the day after your payment has processed.

×

Payment Method

New Bank Account

First name

Feedback

Timing is key when changing the banking information on a policy set up on Auto Bill Pay. If you are trying to change the information and it is only a couple of days before the policy is set to draft (1st of every month), then you will receive the following error message when you click on the Manage link.

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Option 4 – Changing the member’s banking information for Auto Bill Pay

After clicking on the Manage link, the following page will display. Type in the member’s First and Last Name, the New Routing Number and New Account number. Click whether it is a checking or savings account and personal or business account.

Payments

Current Balance
\$0.00

Upcoming Payments

Auto Bill Pay: On
Next Auto Bill Payment:
Payment Method
BlueCare Dental 1C
Payment Due Date

Make a Payment

Manage Auto Bill Pay Settings

Below, you can opt in to Auto Bill Pay to have your monthly payments paid automatically, safely and on time.

Payment Method

New Bank Account

First name

Client First Name

Last name

Last Name

Routing number

071000013

Account number

Checking or saving account

Checking

Payments

Current Balance
\$0.00

Upcoming Payments

Auto Bill Pay: On
Next Auto Bill Payment:
Payment Method
BlueCare Dental 1C
Payment Due Date

Make a Payment

Checking or saving account

Checking

Personal or business account

Personal

Next Payment Amount
\$19.35

Next Auto Bill Pay Date
*09/30/2025
* This balance will be paid automatically through Auto Bill Pay.

Auto Bill Pay Email Communication Settings

Auto Bill Pay communications will be sent to the bank account holder's email address only.

Bank account holder's email address
XEGAQUADUMO-6976@YOPMAIL.COM

Edit

The screen will display the Next Payment Amount, and the Next Auto Bill Pay Date.

Option 4 – Changing the member’s banking information for Auto Bill Pay

You must click the two attestation boxes in order for the Confirm Auto Bill Pay Settings button to populate. Click this button.

☒

I attest that I am authorized by the subscriber to agree on their behalf that payments be taken from the payment method listed above and that the subscriber agrees to receive emails about their payments, such as billing statements noting the full amount owed and the date on which the payment will be drafted.

☒

I attest that I have provided the [Reg E disclosure](#) and the [Auto Bill Pay Terms and Conditions disclosure](#) to the subscriber.

Confirm Auto Bill Pay Settings

Cancel

Success

Auto Bill Pay has been activated.

Next Payment Amount
\$19.35

Payment Method
PersonalCheckingx1111

Auto Bill Pay payments will be applied to the following:

- BlueCare Dental 1C

Next Auto Bill Pay Date
09 / 30 / 2025
*Balance will be paid automatically.

Would you like to send a confirmation email to your email address on file?

donotreply_pa@psc.hcsc.health

Yes, Send Email

Return to Payments

You will receive a **SUCCESS** page when the change in banking information page has been completed.