



Take these simple steps for easy monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
• Complete, sign and return this authorization form.
• If submitting by fax, please fax this form to 888-235-2949.
• If submitting this form by mail, please use this address:

Blue Medicare SupplementSM
c/o Member Services
PO Box 3004
Naperville, IL 60566-9747

If you have any questions about this program, please call our Customer Service Department toll-free at 877-384-9297.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of Illinois (BCBSIL) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account.

Please complete the following — Print or Type Information

Deduct ongoing monthly premium payments from my designated checking or savings account. If the withdrawal date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day.

BCBSIL Member ID: \_\_\_\_\_

Name of Member: \_\_\_\_\_

Name of Depositor(s) if other than the member: \_\_\_\_\_

Phone number of Member/Depositor: \_\_\_\_\_

Name of Bank, City and State where account is authorized: \_\_\_\_\_

Please check one: [ ] Checking Account [ ] Savings Account

Bank Transit Number: \_\_\_\_\_

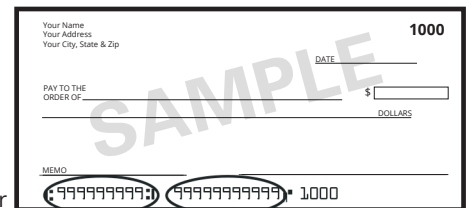
Depositor's Account Number: \_\_\_\_\_

I have read and accept the above agreement.

Please continue to pay your premiums by check or money order until you receive a confirmation letter from us stating the date automatic payments will begin.

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank check - bottom left corner



Bank Transit Number

Depositor's Account

