

# We'll Take Care Of Things For You!

*With Direct Payment, Anthem Blue Cross and Blue Shield automatically will withdraw funds from your bank account to pay your plan premium.*

## *It saves you time and money*



- No more check writing
- No more postage costs

## *It's convenient*

- You don't have to write a premium check.
- The funds automatically will be transferred from your bank account each month.
- You won't have to worry about a lapse in coverage because you forgot to pay your bill.

## *It's flexible*

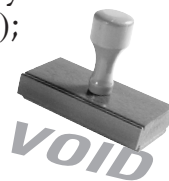
- You can begin using Direct Payment with your second month's premium!
- You can choose Direct Payment from either your checking or savings account.
- You can change banks and still continue to use Direct Payment.
- All you have to do is notify us of your account.

## *It's easy to sign up!*

Complete the attached authorization form and return it to: Anthem Blue Cross and Blue Shield, P.O. Box 527, North Haven, CT 06473.

Be sure to include the following with your completed authorization form:

- A check for one month's premium for the plan you choose;
- A check marked "VOID" (for transfer from your checking account); or a deposit slip with your account number on it (for transfer from your savings account).



**Sign up now and enjoy the convenience of Direct Payment.**

**If you have any questions, please call: 1-800-843-6096**

***Direct Payment Authorization*** — I hereby authorize the financial institution named below to deduct from the account specified below my applicable health insurance premium payment coming due under my health insurance policy and to remit each such payment to Anthem Blue Cross and Blue Shield (the "Plan") in accordance with instructions received from the Plan. This authorization will extend to all premium payments coming due under my health coverage with the Plan. I may cancel this authorization at any time by notifying the financial institution specified below in writing.

Firm Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Account No. \_\_\_\_\_ Type of Account\* \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Important:** Please attach a check marked "VOID," or a savings account deposit slip with your account number on it to ensure assignment to the proper account. Please complete and return this form to Anthem Blue Cross and Blue Shield, P.O. 527, North Haven, CT 06473.