

EasyPayBlue™



 BlueCross BlueShield of North Carolina



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IT'S AS EASY as 1-2-3

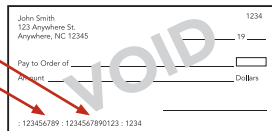
Step 1

Fill out the attached Easy Pay Blue approval form.

Step 2

Write "VOID" on a check from your checking account or a deposit slip from your savings account. Be sure your account number is on the slip.

Bank account number
Bank routing/transit number



John Smith 1234
123 Anywhere St.
Anywhere, NC 12345
Pay to Order of _____
Amount _____ Dollars
: 123456789 : 1234567890123 : 1234

Step 3

Mail the completed form AND the voided check or deposit slip to:

**Blue Cross and Blue Shield
of North Carolina**
PO Box 30016
Durham, NC 27702

 Call **1-888-206-4697**

 Visit **BlueConnectNC.com**

NO HASSLE. NO COST.¹

Our monthly payment service

EasyPayBlue™



1 BCBSNC does not charge a fee for this service; but, your bank may charge a fee.
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AN EASIER WAY to pay your premiums

Blue Cross and Blue Shield of North Carolina offers you an easy way to pay your premiums. Easy Pay Blue is our monthly payment service. Your premium is automatically withdrawn from your checking or savings account each month. Once you join, your deduction will show up on your monthly bank bill. No need to write a check, pay for postage or mail your money!

We do not charge our members for this service. However, some banks may charge a fee for automatic bank drafts. Check with your bank for terms and details.

You will get a notification that verifies the amount and date of your withdrawal. Later deductions are made on or after the date your premium is due. This amount will show up on your monthly bank bill.

If you change banks, call 1-888-206-4697 to ask for a new form. Write the date of change on the form, as well as your new account information. We'll take care of the rest.

Blue Cross and Blue Shield of North Carolina complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-206-4697 (TTY: 1-800-442-7028).

注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY: 1-800-442-7028)。

EasyPayBlue™ customer information

I am: a new Easy Pay Blue applicant
 a current Easy Pay Blue member reporting a change in my bank account

Your plan: Health Dental

Date of change: _____

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Daytime phone: _____

Evening phone: _____

Subscriber ID: _____

Bank information

Type of account: Checking Savings

Name of bank: _____

Bank routing/transit #: _____
(This is the number accompanying your account number at the bottom of your check)

Bank account #: _____
(A voided check or deposit slip must be attached)

Important information:

By signing below, I certify that I am an authorized user of this bank account. I understand that the bank account listed cannot be my employer's account. I have chosen the Bank Draft Option, as a convenience to me, I hereby request and authorize Blue Cross and Blue Shield of North Carolina (BCBSNC) to initiate the debit to my bank account payable to the order of BCBSNC. I agree that BCBSNC's rights in respect to each bank draft shall be the same as if it were a check drawn on my bank account, and signed by me personally. I also authorize the financial institution to reduce the balance of my bank account by the amount of the bank draft. This authorization will remain in effect until I revoke it in writing or call Customer Service at least 10 days prior to the date the account is scheduled to be charged. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, BCBSNC shall have no liability whatsoever even though dishonor results in forfeiture of insurance. BCBSNC may attempt to debit my bank account up to two times for each month's premium to ensure no lapse in coverage. BCBSNC does not charge a fee for this service; however, I am aware that my bank may charge a fee if there are insufficient funds to cover the payment.

Name and address of bank account holder:

X _____ Date: _____

(signature exactly as it appears on the bank account records)

Mail this authorization form **AND** a voided check or deposit slip to:

**Blue Cross and Blue Shield of North Carolina
 PO Box 30016
 Durham, NC 27702**

Call 1-888-206-4697

Visit BlueConnectNC.com

