

Premium Payment Form

(Please Print Clearly)



Save \$2 on Your Monthly Premium — Enroll in Automatic Bank Draft

If you sign up for monthly Automatic Bank Draft (sometimes referred to as Electronic Funds Transfer or EFT), we will pass the savings on to you. By eliminating a monthly bill, you save as well in time and postage. In addition, there's no need to worry about your premium if you are traveling or hospitalized.

Applicant's Full Name: _____ Date of Application: _____

Please Return this Form With Your Application.

Section 1. Amount of Premium

I understand that the initial premium for the coverage I have selected is \$_____.
(If your application is accepted and the amount you indicated is less than or more than the actual premium amount, the difference will be reflected as a debit or a credit on the first bill you receive from Blue Cross and Blue Shield of Georgia (the Company) — provided that the amount is within our payment guidelines. If the amount is not within our guidelines, we will notify you.)

Section 2: Payment Method:

I am paying the initial premium by (check only one option):

- Credit Card Debit Card
 Automatic bank account withdrawal

A. If Paying by Credit or Debit Card:

A credit/debit card can be used for the initial premium payment. If your application is accepted, you will be billed for future payments (unless you chose Annual Billing* on your Application) or you can sign up for monthly automatic bank withdrawal.

Note: If you select Annual as your billing preference on your Application, we will charge your account for premium from your effective date through the end of the year.

Authorization: I authorize the Company to charge the credit/debit card indicated below for the amount specified in Section 1.

Applicant's Signature: _____

X _____

Following is my credit/debit card information

Cardholder's Name (as shown on the credit/debit card): _____

If Applicant is using the credit/debit card of another cardholder: By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use this card and, if not, that he/she will take full responsibility for this payment and any charges accruing to it.

Type of Credit/Debit Card: VISA MasterCard

Credit Card Number: _____

Expiration Date (month/year): ____/____

Cardholder Billing Address: _____

B. If Paying by Monthly Automatic Bank Withdrawal:

Deduct premiums from the below account for (check one):

- My first month payment only
 My first and ongoing payments
 My ongoing payments only (I am making my first payment by another method)

If you want to change your payment method later, please contact us.

Authorization and Signature(s): I/we authorize the Company to make withdrawals in the amount of the then-current premium rate, based on the billing frequency indicated on my Application, from the:

- Checking Account: Personal Business
 Savings Account: Personal Business

named below and I/we authorize the financial institution to charge such withdrawals to my/our account.

Provide the following bank account information**

Name(s) on Checking/Savings Account: _____

Name of Bank (or other Financial Institution): _____

Financial Institution Routing No.:

(first 9 digits in lower left corner of check/deposit slip)

Account No.: _____

** You may attach a check or savings account deposit slip from your bank, marked "VOID" in ink.

C. Authorization:

This authorization remains in effect until the Company and the financial institution above receive notification from me or one of us (if a joint account) of its termination in such time and manner as to provide reasonable time to act on it, or the policy terminates.

Each person listed on the checking/savings account must sign here:

X _____

X _____

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