



**BlueCross BlueShield
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

DIRECT MARKETS

® Registered Service Marks of the Blue Cross and Blue Shield Association,
an Association of Independent Blue Cross and Blue Shield Plans



AUTHORIZATION FORM

Note: 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.

To pay your *future* premiums on a monthly basis, you must authorize Blue Cross and Blue Shield of Illinois to automatically deduct the amount of your monthly premiums from your checking or savings account (with automatic withdrawal feature). To enroll in our convenient **E-Z BlueSM Payment Option** program, simply do the following:

1. Complete all of the information below.
2. Include a voided check. Please do not staple.
3. Keep a copy of this completed form for your records.
4. Return the copy of this form, along with your voided check, to Blue Cross and Blue Shield of Illinois P.O. Box 1637 Chicago, IL 60690-1637. We cannot accept this form via e-mail.

It's that easy! Our E-Z Blue Payment Option is the fast, convenient, secure way to pay your premiums each month. No check writing or mailing payments! Reduce the chance of your policy being canceled for non-payment.

Blue Cross and Blue Shield of Illinois will automatically withdraw the amount of your future monthly premiums directly from your account on your premium payment due date. Please note when your withdrawal date falls on a weekend or a bank holiday, the withdrawal will be processed on the next business day. If you wish to cancel your enrollment in the E-Z Blue Payment Option, please contact our Customer Service Department at least 10 working days prior to the next withdrawal date. You may re-enroll after 6 months.

If you have any questions about this program, please call our Customer Service Department toll-free at **1-800-624-1723**.

E-Z BLUE AUTOMATIC PAYMENT OPTION AUTHORIZATION

I authorize Health Care Service Corporation (Blue Cross and Blue Shield of Illinois) to instruct my financial institution to make my monthly premium payments on the dates due from the account listed below. This authority remains in effect until Health Care Service Corporation has received notification from me of termination in time to allow reasonable opportunity to act on it, or until Health Care Service Corporation has sent me written notice of termination of this agreement.

Please print clearly...

MEMBER'S NAME			NAME OF BANK ACCOUNT OWNER		
ADDRESS			DAYTIME PHONE OF ACCOUNT OWNER		
CITY	STATE	ZIP	<input type="checkbox"/> ORIGINAL REQUEST TO ENROLL IN E-Z BLUE <input type="checkbox"/> CHANGE TO MY EXISTING E-Z BLUE INFORMATION		
TELEPHONE NUMBER					
MEMBER ID NUMBER (from your Blue Cross and Blue Shield of Illinois membership card)					

Financial Institution Information

NAME OF INSTITUTION		SIGNATURE OF ACCOUNT OWNER	DATE
PHONE NUMBER OF BANK OR CREDIT UNION		X For Home Office Use Only:	

PLEASE INCLUDE A VOIDED CHECK. PLEASE DON'T STAPLE.



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Please print clearly...

Form with fields for Member's Name, Address, City, State, Zip, Telephone Number, Member ID Number, Name of Bank Account Owner, Daytime Phone of Account Owner, and checkboxes for Original Request to Enroll in E-Z Blue and Change to My Existing E-Z Blue Information.

Financial Institution Information

Form with fields for Name of Institution, Phone Number of Bank or Credit Union, Signature of Account Owner, Date, and a shaded box for Home Office Use Only.

PLEASE INCLUDE A VOIDED CHECK. PLEASE DON'T STAPLE.