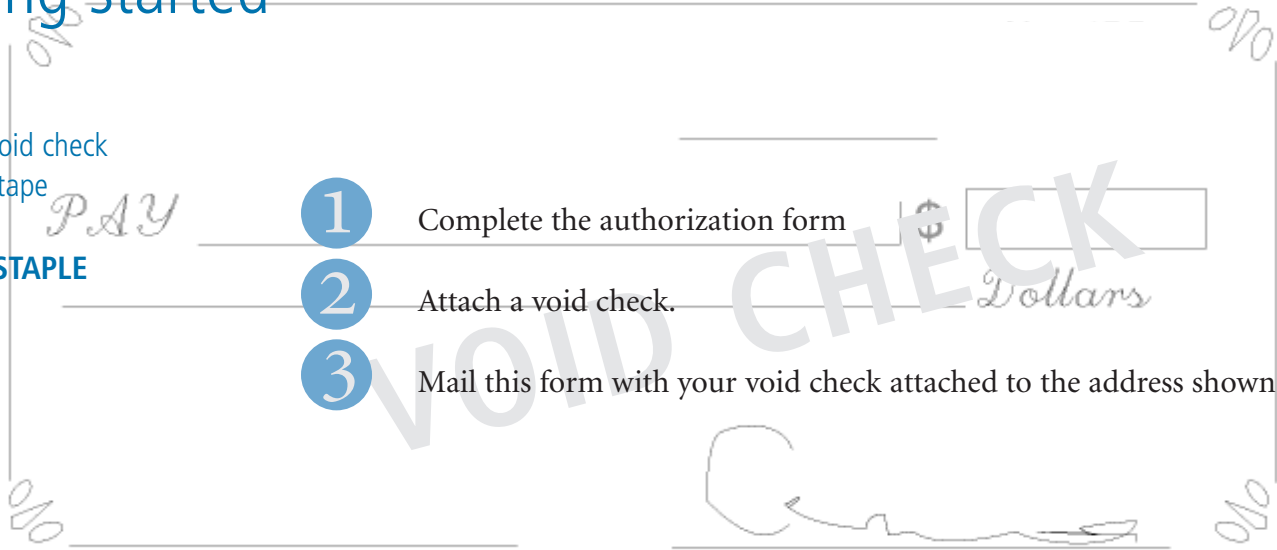


Getting started

Attach a void check here with tape

DO NOT STAPLE



Automatic Payment is simple! Your payment will be withdrawn automatically from your bank account on the last business day of the month.

Authorization Form

I request and authorize Blue Cross and Blue Shield of Minnesota, Blue Plus and affiliates to deduct the payment(s) indicated above on the date indicated above from the checking or savings account shown below.

Health Group Number (list all group numbers): _____

Life Group Number (list all group numbers): _____

Dental Group Number: _____

Company name on bank account _____

Bank name _____

Bank telephone number _____

Branch office address _____

City _____ State _____ Zip _____

Bank ABA Number: _____

Bank Account Number: _____

Name of member company (please print) _____

Name and title of signatory(ies) (please print) _____

X _____ Date _____
Signature

X _____ Date _____
Signature (if 2 signatures required on bank account)

MAIL TO: Blue Cross and Blue Shield of Minnesota, P.O. Box 64676, St. Paul, MN 55164-0676
Fax to 651.662.6820



Automatic Funds Transfer

Blue Cross and Blue Shield of Minnesota, Blue Plus and USABLE

Questions?

Your Blue Cross, Blue Plus agent can help. Or call our Customer Service Center at (651) 662-1725 or 1-877-293-7035. Toll-free TDD 1-888-878-0137. We look forward to hearing from you.



Automatic Funds Transfer is...

economical

safe

worry-free

convenient

Your bill is paid electronically and conveniently. With Automatic Funds Transfer, you never have to worry about late payments, and your employees never have to worry about gaps in their coverage. You are safeguarded by a written agreement that describes every transaction. You can plan your investments to keep your money working for you up to the time of transfer. Automatic Funds Transfer eliminates check writing costs and saves you time; protects your credit record because payments will never be missed or late; and keeps your administrative costs low.