

Pay-It Easy Automatic Premium Payment Program Enrollment Form



Save Time with Payment Options That Meet Your Needs

No more writing a check for your premium payment...or going to the post office for stamps... or taking valuable time out of your day to pay your bill in person.

Regardless of the payment option, certain members are bound by third party payment limitations under the terms of the contract. Detailed policy information can be found at www.bluecrossmnonline.com.

To Enroll in Pay-It-Easy, Fill Out and Return the Attached Form. Please Make Sure that You...

- Sign your name and date this form where indicated. (Account holder must sign too, if different from member.)
- Enclose a voided check with your address on it.
- Make a copy of this form for your records.

Ways to send back your completed form:

- Mail your completed form to: Blue Cross and Blue Shield of Minnesota
P.O. Box 982801
El Paso, TX 79998 - 2801
- Fax a copy to: 651-662-6439
- Email: Incoming.Service.Center@bluecrossmn.com

Commonly Asked Questions

How will I know when my first payment is being deducted from my bank account?

You will receive a letter in the mail that informs you when your first payment will be deducted. Be sure to continue to pay your health premium as usual until you are notified that automatic payment has begun. It can take up to two billing cycles before your first payment is deducted from your account. Your monthly bank statement will reflect the date and amount of your premium.

What happens if I do not have enough money in my bank account on that date?

Your bank will notify us and may then charge you a penalty for insufficient funds. If removed from the Pay-It-Easy Premium Payment Program you will need to re-enroll if you want this payment option in the future. If you have insufficient funds in your account to cover the premium payment, your bank may reject the transaction, and may also impose penalties for insufficient funds. After two failed transactions, we will automatically remove you from the Pay-It-Easy Program, and future premiums will need to be paid by check or other form of payment. You may elect to re-enroll in the Pay-It-Easy Program at any time in the future.

If my spouse is a member under a separate policy and wants to participate, can we use the same Pay-It-Easy form

No. Please complete a separate Pay-It-Easy Form for each policy.

What if I later decide Pay-It-Easy is not for me?

If you choose to cancel your participation in the Pay-It-Easy Program, just send us a letter or call the customer service number on the back of your ID card. Payments from your account will continue to be made until we receive cancellation notice from you – in such time and in such manner as to afford us and your bank a reasonable opportunity to act on it. Afterwards, we will send you a regular paper bill unless you have elected to go Paperless. Please note: Outstanding invoice(s) will continue to be drawn from your account.

What if my routing or bank account number changes?

You will need to complete and return a new Pay-It-Easy form along with a new voided check if you change banks or your bank account numbers.

Have questions or need help? Call the customer service number on the back of your ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

Terms and Conditions

By completing, signing, and submitting this Enrollment Form, you acknowledge that you have read, understand, and agree to the following Terms and Conditions:

- You are authorizing Blue Cross and Blue Shield of Minnesota, Blue Plus, Blue Cross Dental, and/or Blue Cross Vision (collectively “Blue Cross”) to electronically debit the bank account set forth below, at the depository financial institution set forth below, for such amounts owed under the indicated Plans (the “Authorization”).
- Payments under the Authorization will occur on each invoice due date using the banking information provided on this Enrollment Form. The amount debited may change in accordance with your agreements with Blue Cross, and you authorize Blue Cross to charge such amount(s) without further notice.
- You must continue to pay your Blue Cross premiums as usual until you are notified that the automatic debits made under your Authorization are beginning.
- ACH transactions must comply with all applicable law, rules (such as NACHA rules) and regulations. NACHA is the National Automated Clearing House Association that administers and governs the ACH Network. The information you provide in this Enrollment Form, including the Authorization, will be validated in accordance with NACHA rules prior to debiting your designated bank account.
- Your Authorization will remain in full force and effect until you either:
 - notify Blue Cross, in writing, at **Blue Cross and Blue Shield of Minnesota P.O. Box 982801, El Paso, TX 79998 – 2801**, that you wish to revoke the Authorization, or
 - revoke the Authorization by deleting the applicable account in the eBill System.Blue Cross requires at least 14 days of prior notice to cancel the Authorization.
- The Authorization incorporates by reference all other agreements with Blue Cross, including without limitation the eBill Terms and Conditions and all documents related to your insurance coverage.
- Blue Cross may access a consumer report and share information with GIACT Systems, LLC to validate the designated bank account in your Authorization.
- Your premiums are not being paid directly or indirectly by an ineligible third-party payer for all or some of my premiums or cost sharing.
- Both the depository financial institution designated in your Authorization, and Blue Cross, reserve the right to terminate this payment program and/or your participation in this program.

**Pay-It-Easy Automatic Premium
Payment Program Enrollment Form**

Membership ID Number (As it appears on your ID card) _____

Name of Member _____

Address _____

City _____ State _____ Zip _____

Name(s) of Bank Account Owner (If different from person listed above) _____

Birthdate of Bank Account Owner _____

Bank Account Owner Email Address _____

Bank Account Owner Mailing Address (street, city, state and zip)

Name of Financial Institution _____

Bank Routing Number _____

Account Number _____

This is a: Checking Account Savings Account (Select one)

This is a: Business Account Personal Account (Select one)

If business account, provide the name of the business as it appears on the account _____

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I hereby authorize Blue Cross to initiate debit entries to the deposit account designated above, at the financial institution ("Financial Institution") named above, using the Automated Clearing House ("ACH") or other payment transfer service chosen by Blue Cross from time to time, for payments due to Blue Cross on the following Blue Cross plans indicated below. (check all that apply, if not checked we will assume all apply):

Health Plan Bill Account Dental Plan Bill Account Vision Plan Bill Account (Billed Annually Only)

Payment Frequency: Monthly Quarterly Semi-Annual Annually

Signature of Account Holder X _____ Date _____

Signature of Legal Guardian or
Power of Attorney (If applicable*) X _____ Date _____

Mail your completed form to: **Blue Cross and Blue Shield of Minnesota**
P.O. Box 982801
El Paso, TX 79998 – 2801.

Please do not mail with your monthly premium payment.

*If you have a representative acting for you, include a copy of your Power of Attorney or proof of legal guardianship if it is not already on file with us.