Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

MyBlue Medigap℠ Authorization Agreement for Automatic Premium Payments

Our automatic payment plan offers the convenience of paying your health care premium automatically from your bank account. No need to write checks, mail payments or worry about late payments. To participate, simply fill out and mail in this enrollment form. If a checking account is used, please include a blank, voided check or a deposit slip from your designated account for verification, and allow three to four weeks for processing. If a savings account is used, documentation isn't required. Continue to mail your payments until you've received notification that your automatic payments have begun.

To ensure that you receive email notifications and reminders when your bill is ready, and to avoid the three- to four-week processing time, sign up online at **www.bcbsm.com/medicare/help/manage-account/how-to-pay-bill/.**

Your name		
Address	**Phone** ( )	
City	**State**	**ZIP code**
BCN subscriber ID number	**Email address**	

Authorization for automatic payments

I hereby authorize Blue Care Network, hereinafter called BCN, to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my BCN contract. This authority will remain in effect until I notify you, or the bank listed below, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation. I also understand that all information provided will remain confidential.

Yes **No**

Institution name	**Branch**	
City	**State**	**ZIP code**
Account type **Checking account** **Savings account**	**Account number**	**ABA/routing number (9 digits)**
Account holder name		**Date**

Remember to include a blank, voided check from your designated account if you're using a checking account.

If you're using a savings account, no documentation is required.

Withdrawals will occur on the fifth day of each month. We'll send you a written notification of the date your automatic payments begin. Keep a copy of this application for your records, and mail this form to:

Blue Care Network of Michigan
P.O. Box 5043 — MC C415
Southfield, MI 48086-5043

Blue Care Network use only		
Member's contract number	Process date	Effective date
Processed by		