

## Authorization for BlueCross BlueShield of Tennessee to Accept Bank Draft Payments for Health Insurance Premiums

SUBSCRIBER NAME:		DAYTIME PHONE NUMBER:	
SUBSCRIBER ID NUMBER OR SOCIAL SECURITY NUMBER:			
SUBSCRIBER STREET ADDRESS:			
CITY:		STATE:	ZIP:
NAME OF BANK:			
CITY:		STATE:	ZIP:
BANK ROUTING NUMBER:		BANK ACCOUNT NUMBER:	
NAME ON BANK ACCOUNT:			
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
SIGNATURE(S) OF BANK DEPOSITOR: (SIGN EXACTLY AS NAME APPEARS ON BANK RECORDS)			DATE:



I authorize BlueCross BlueShield of Tennessee to draft the checking or savings account listed above for payment of health insurance premiums related to the subscriber ID/policy identified on this form. I agree that BlueCross BlueShield of Tennessee's rights for each such draft will be the same as if it were a check made payable to BlueCross BlueShield of Tennessee and signed by me. This authorization is valid until I provide written notice of cancellation to BlueCross BlueShield of Tennessee. I further agree that if any draft is dishonored, with or without cause, whether intentionally or inadvertently, BlueCross BlueShield of Tennessee will have no liability even though such dishonor may result in the cancellation of health coverage or payment of a \$25 returned item funds fee. A non-sufficient payment from a bank draft will also result in the bank draft being cancelled until the subscriber sets payment back up.

We'll let you know when your automatic bank draft payment goes into effect. If you get a paper bill or email saying that you can view your billing statement online before your bank draft payment is confirmed, please send in your payment as requested.

For questions or comments about automatic draft payments:

- › EMAIL: **individual\_bank\_drafts@bcbst.com**
- › PHONE: **1-800-725-6849**
- › FAX: (423) 535-1308
- › MAIL: BlueCross BlueShield of Tennessee  
Individual Membership Services  
1 Cameron Hill Circle Suite 0033  
Chattanooga, TN 37402-0033

If you'd prefer, you may also sign up for bank draft payments by logging in to your **bcbst.com** account. You may cancel your automatic bank draft any time by sending us written notice or logging in to **bcbst.com**. To avoid a disruption in service, please send your request at least two weeks before your premium is due.

BlueCross BlueShield of Tennessee subscribers will be charged a \$50 fee to reinstate a medical policy that is terminated for non-payment. Subscribers who only have a dental or vision policy will be charged \$25 to reinstate those policies terminated for non-payment. In addition, subscribers will be charged a \$25 returned item funds fee for payments not honored by their financial institution.

