



What is *EasyPay*?

EasyPay lets you pay your health insurance premiums automatically through secure bank drafts. You simply authorize us to withdraw the amount due from your account. There is no additional cost to you to use *EasyPay*.



Three Good Reasons to Sign Up Now

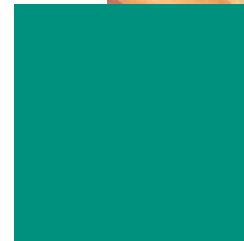
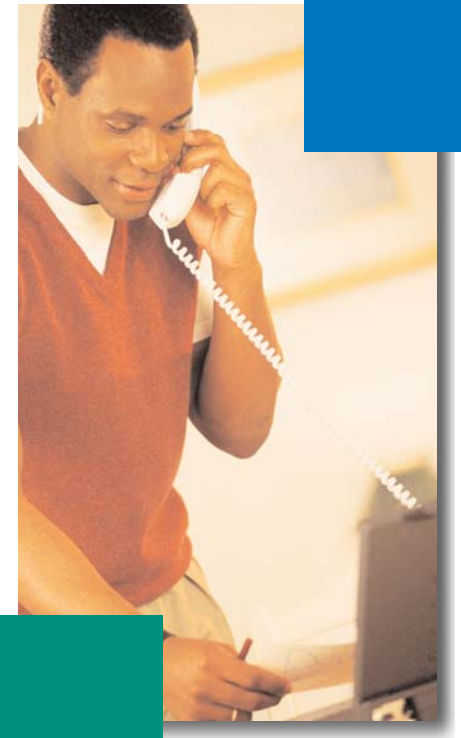
- ◆ *EasyPay* saves you time and money. You no longer have to write checks or pay for postage.
- ◆ *EasyPay* gives you peace-of-mind. There's no need to worry about forgetting to mail a payment or missing a bill if you go out of town.
- ◆ *EasyPay* is free. As a valued Blue Cross Blue Shield of Delaware member, you can enjoy the convenience of *EasyPay* at no additional cost.



BlueCross BlueShield of Delaware

Working well together.

bcsde.com



EasyPay

An easier way for members to make premium payments

How to Enroll in *EasyPay*

To enroll in *EasyPay*, complete the attached authorization form and mail it to us with your application for health benefits coverage. Your monthly charge will automatically be deducted on the day you choose (either the 27th of the previous month, 3rd or 5th of the billing month). Please be sure to include a blank check marked “Void” when you send in your authorization agreement and application.

Please Note: We will send you a confirmation letter following receipt of your authorization agreement, indicating the date and amount of future payments. Your payments will then be deducted automatically as requested on the authorization agreement. With this system, you will not receive monthly premium bills; instead, Blue Cross Blue Shield of Delaware will send you an account statement every six months.

Some Important Information

If there are any changes to your bank account information, you’ll need to complete a new authorization agreement. Please let our staff know immediately of the change and to request a new authorization agreement by calling **302.421.3209** or **800.548.1050**, or email at: **premiumbilling@bcbsde.com** so that your *EasyPay* option can continue without interruption. If at any time you would like to discontinue *EasyPay*, please let us know, in writing, as far in advance as possible.

If your premium payment doesn’t process or clear for any reason, we will contact you by phone to secure a replacement payment. There is a \$20.00 service charge for any invalid or returned transmission. If a replacement payment cannot be secured by the end of the month for which your premium counted, your *EasyPay* account will be canceled.

Authorization Agreement for *EasyPay* Automatic Withdrawals

By signing below, I deem all information to be true solely with respect to withdrawals of my individual health insurance premium. I authorize Blue Cross Blue Shield of Delaware and the financial institution designated below to initiate automatic withdrawals by direct debit from my bank account for payment of my individual health insurance premiums. I understand the automatic withdrawal of the amount billed will be debited (withdrawn) on the payment date I have selected below.

INVALID/RETURNED DIRECT DEBIT TRANSMISSIONS: I understand and agree to pay \$20.00 for any invalid or returned transmission due to incorrect bank information supplied by me or if my payment is returned due to insufficient funds.

Member Name: _____

Joint Account Name (if applicable): _____

Blue Cross Blue Shield of Delaware Member Identification Number: _____

Bank Name: _____

Bank Address: _____

Bank Transit/ABA Routing Nine-Digit Number: _____

(Numbers only, no symbols. The first nine digits in the lower left-hand corner of a check represent your Bank Transit/ABA Routing Number.)

Your Bank Account Number: _____

Type of Account (checking, savings, money market, etc): _____

Payment Date (check one): 27th of the month prior to benefit month

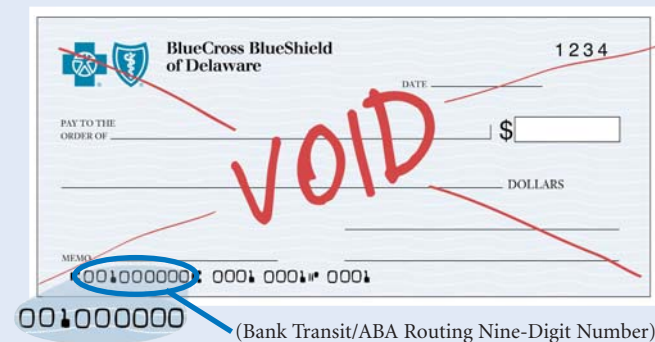
3rd of the month 5th of the month

Frequency of Payments (check one): monthly quarterly (January, April, July and October)

Member Signature: _____ Date: _____

Joint Account Signature: _____ Date: _____

Please attach a copy of a voided check — not your deposit slip — for verification purposes.
(See check facsimile below.)



(Bank Transit/ABA Routing Nine-Digit Number)

If at anytime you wish to be removed from the *EasyPay* system, you must notify us in writing at the address below:

Blue Cross Blue Shield of Delaware
PO Box 8868
Wilmington, DE 19899

If you have any questions regarding the *EasyPay* process, please feel free to contact us:
By email: **premiumbilling@bcbsde.com**
By phone: **302.421.3209** or **800.548.1050**