

Pay-O-Matic is convenient!

You won't need to write a single check or buy a stamp. And there's no extra cost to you! Once a month, on your billing date, we'll deduct your payment directly from your bank or credit union account.

Attach a void check here with tape

DO NOT STAPLE

Getting started

- 1 **Complete the Pay-O-Matic authorization form.**
- 2 **Attach a void check if using a checking account.**
Attach a savings deposit slip if using a savings account.
- 3 **Mail this form with your void check attached to the address shown.**

You can choose to stop Pay-O-Matic withdrawals and switch back to quarterly paper billing any time. Just let us know in writing **at least 15 days before your next withdrawal date** to allow for timely deactivation.

Pay-O-Matic AUTHORIZATION FORM

I request and authorize Blue Cross and Blue Shield of Minnesota and Blue Plus to deduct my payment from my checking or savings account shown below.

Name on bank account _____

Bank name _____

Bank account number (attach a void check above) _____

Branch office address _____

City _____ State _____ Zip _____

FOR NEW CUSTOMERS: If you are sending this authorization along with an application for coverage, please enclose a check for one month's payment. If you are already a customer, do not send money.

Blue Cross or Blue Plus has the right to end this authorization by sending written notice to my current address as shown in Blue Cross or Blue Plus records.

I understand that this authorization may be stopped by notifying Blue Cross or Blue Plus **at least 15 days before my account is to be charged for the next payment**. I also understand that only the amount of the payment deducted by Blue Cross or Blue Plus will be repaid to me by check after notification in accordance with these instructions.

Name of applicant/member (please print) _____

Applicant/member's social security number or Blue Cross id#: _____

X _____ Date _____
Signature of account holder

X _____ Date _____
Signature of account holder (if joint account)

Important information if using a business account ...

We do not accept Pay-O-Matic electronic payments from employers with two (2) or more individuals working 20 hours or more per week. If your electronic payment will come from a business account, you must sign the following statement:

I am paying for this coverage with a Pay-O-Matic electronic payment from a business account. I confirm this business does not have two (2) or more individuals working 20 hours or more per week.

Signature _____ Date _____

MAIL TO: Blue Cross and Blue Shield of Minnesota, P.O. Box 64560, St. Paul, MN 55164-0560



Looking for a simple way to make your monthly payment?

Pay-O-Matic

Blue Cross and Blue Shield of Minnesota and Blue Plus

Questions?

Your Blue Cross or Blue Plus agent can help. Or call one of our licensed marketing representatives. We look forward to hearing from you.

Blue Cross plans that work with Medicare: (651) 662-5020 or 1-800-531-6686

All other Blue Cross plans: (651) 662-5050 or 1-800-262-0823

For all TTY calls: 1-888-878-0137



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Pay-O-Matic is...

worry-free Your payment will be on time, every time. Once a month, on your usual billing date, we'll deduct your payment directly from your bank or credit union account.

safe Once we've received your completed form and a void check, we'll send you a notice to confirm the amount and date of your monthly Pay-O-Matic withdrawal. The Pay-O-Matic transaction will be listed on your bank statement each month for your records.

easy It's easy to start monthly Pay-O-Matic withdrawals. Just follow the steps on the authorization form.