

Easy Enrollment

This process may take up to four weeks.

Please contact our Member Services number at **1-800-926-6565** for additional information. (TTY users should call 1-800-955-8770). You will be able to speak to someone from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday. On Federal Holidays you will have to leave a message and we will return your call within one business day. Member Services also has free language interpreter services available for non-English speakers.

You may revoke the Automatic Payment Option by notifying us and your financial institution 15 days prior to the date your premium is due.

1. Complete the attached Authorization Form. If you have a joint account that requires two signatures, both individuals must sign the Authorization form.
2. Attach a voided check from your checking or savings account. Withdrawals cannot be made from a mutual fund brokerage or passbook accounts.
3. Complete the Authorization Form and enclose your voided check or deposit slip in the attached pocket. Fold brochure, moisten, seal and place in the mail.

The worry-free way to pay your bills.



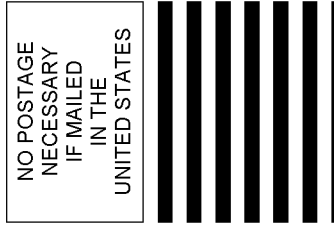
Take advantage of convenience, security and savings.

Automatic Payment Option.

Convenience – Have your premium automatically withdrawn from your checking or savings account monthly. You'll never have to worry about missing a payment.

Savings – As well as saving 1.5% on your premium, you save time, postage and trips to the mailbox.

Security – Only you can authorize the Automatic Payment Option. Plus, you can ensure your payment won't get lost in the mail.



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 227 JACKSONVILLE, FL

POSTAGE WILL BE PAID BY ADDRESSEE

BLUE CROSS AND BLUE SHIELD OF FLORIDA
DIRECT MEMBERSHIP AND BILLING DEPARTMENT
OVER 65 UNIT
PO BOX 45016
JACKSONVILLE FL 32232-9840



BlueMedicare Supplement plan members ... we're giving you one less thing to worry about.



Sign up for our
Automatic Payment Option

Florida Blue 
Your local Blue Cross Blue Shield

MEDICARE

Automatic Payment Authorization Form

Please attach voided check or savings account deposit slip.

_____ H
Member Name Member ID Number (numeric portion only)

Is the Account Holder the same as the Applicant? () Yes () No

Name of Financial Institution: _____

Address of Financial Institution: _____ City: _____ State: _____ Zip: _____

Account holder name: _____

Account holder address: _____ City: _____ State: _____ Zip: _____

Account Holder's Email Address (required for APO): _____

Bank routing number: _____

Bank account number: _____

Account type: () Checking () Savings

Terms and Conditions

1. By setting up automatic payments, I authorize Florida Blue to initiate recurring debits or debit card payments from my account provided.
2. The amount debited each month will be the current payment amount due as indicated on my billing statement.
3. All recurring payments will be automatically withdrawn each month on the due date as indicated on my monthly billing statement.
4. This agreement will remain in effect until canceled by me or my coverage is canceled.
5. I understand I can terminate this authorization at any time by calling Florida Blue at 1-800-352-2583.
6. By providing my email address, I agree to receive monthly emails about my automatic payments.

By signing below, I agree to the above Terms and Conditions.

Account holder signature: _____

Account holder signature: _____

If the applicant and the account holder are not the same, you may be asked to provide legal documentation of the account holder's authority to initiate recurring payments from this account (i.e. voided check, letter from financial institution, etc.). During this time, please remit payment for any paper bills you may receive.

30175-0221

moisten and glue

Please tear off and keep for your records

Date form mailed: _____

Voided Check No.: _____

Account debited from: _____

We appreciate your patience as we process your Automatic Payment information. Please continue paying your Florida Blue bill as usual until you receive a confirmation letter from us.



MEDICARE

(over, please)