

The worry-free way to pay your bills.

Never miss a bill. Sign up for automatic payments today. Here's how you benefit:

- Your premium can be automatically withdrawn from your checking or savings account each month. You'll never have to worry about missing a payment.
- You'll save time, postage and trips to the mailbox.
- Only you can authorize your automatic payments. Plus, you won't have to worry about your payment getting lost in the mail.

It's easy to enroll:

1. Complete the attached Authorization Form. **Note:** 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, savings or credit union account or a savings account deposit slip. **Note:** Withdrawals cannot be made from a mutual fund brokerage or passbook account.
3. Send the form and your voided check or deposit slip to:

Florida Blue
Medicare Advantage Membership and Billing Department
P.O. Box 45296
Jacksonville FL, 32232-5296

Here's how it works:

When you enroll in automatic payments, we'll deduct your premium on your due date. **Note:** If your due date is the 1st, we will take your payment on the 3rd. Please allow up to four weeks for us to set up your automatic payments. If you get a bill during this time, please pay it as you normally would.

Florida Blue is a PPO, RPPO and Rx (PDP) Plan with a Medicare contract. Florida Blue HMO and Florida Blue Preferred HMO are HMO plans with a Medicare contract. Enrollment in Florida Blue, Florida Blue HMO or Florida Blue Preferred HMO depends on contract renewal. Florida Blue, Florida Blue HMO and Florida Blue Preferred HMO are Independent Licensees of the Blue Cross and Blue Shield Association.

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<Automatic Payment Option (APO)/Electronic Fund Transfer (EFT)> Authorization Form

Please attach voided check or savings account deposit slip.

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Member ID Number (numeric portion only)

Member Name _____

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: _____

Bank routing number: _____

Bank account number: _____

Account Type: Checking () Savings ()

I hereby authorize Florida Blue to initiate debits to, and the financial institution identified above to debit that amount to, my/our account indicated. This authority will remain in effect until canceled by me or the financial institution identified with my consent. I understand that by revoking the <Automatic Payment Option/Electronic Fund Transfer> for payment of my health care and/or prescription drug coverage, my billing will revert back to monthly billing of premiums. This authorization is automatically revoked upon cancellation of my coverage. I may revoke the <Automatic Payment Option/Electronic Fund Transfer> by notifying you and my financial institution 15 days prior to the date my premium is due.

Account holder signature: _____

Account holder signature: _____

Signatures required for all parties listed on the account.

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.

You may revoke the <Automatic Payment Option/Electronic Fund Transfer> by notifying us and your financial institution 15 days prior to the date your premium is due.

[Insert if BlueMedicare HMO and PPO, RPPO and Rx]

If you have any questions, please call us at <1-800-926-6565>. TTY users should call <1-800-955-8770>. We are open from <8 a.m. - 8 p.m. local time,> seven days a week from <October 1 - February 14,> except for Thanksgiving and Christmas. From <February 15 - September 30,> we are open <Monday - Friday 8 a.m. - 8 p.m. local time.>

[Insert if for Preferred HMO]

If you have any questions, please call <1-844-783-5189> from <8 a.m.-8 p.m. local time, seven

days a week.> TTY users should call <1-800-955-8770>.

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