

## 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.

## SIGN UP NOW — IT'S EASY!

- 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 Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) member, you can enjoy the convenience of EasyPay at no additional cost.



Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association.

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CS 105010

# EASYPAY

AN EASIER WAY FOR MEMBERS TO  
MAKE PREMIUM PAYMENTS



HIGHMARKBCSDE.COM

## HOW TO ENROLL IN EASYPAY

To enroll in EasyPay, complete the attached authorization form and mail it to us at the address listed below. Your monthly charge will automatically be deducted on the day you choose (either the 27<sup>th</sup> of the previous month, 3<sup>rd</sup> or 5<sup>th</sup> of the billing month). Please be sure to include a blank check marked "Void" when you send in your authorization agreement and application.

You will receive 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, Highmark Delaware will send you an account statement every six months. If your rates change at your renewal period, the deductions will automatically be updated to reflect the new rate.



## IMPORTANT INFORMATION

If there are any changes to your bank account information please let us know immediately in writing to the address below so that your EasyPay option can continue without interruption.

**Attn: Premium Billing (1-7-01)**  
**Highmark Blue Cross Blue Shield Delaware**  
**PO Box 8868**  
**Wilmington, DE 19899**

If at any time you would like to discontinue EasyPay, please let us know, in writing, at least 10 days prior to your next payment date.

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 account will be canceled.

## AUTHORIZATION AGREEMENT FOR EASYPAY AUTOMATIC WITHDRAWALS

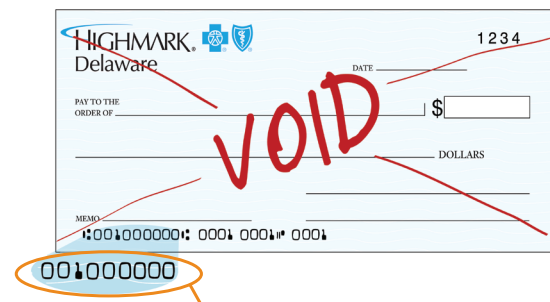
By signing this form, I deem all information to be true solely with respect to withdrawals of my individual health insurance premium. I authorize Highmark Delaware and the financial institution designated below to initiate automatic withdrawals by direct debit from my bank account for payment of my individual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 I understand the automatic withdrawal of the amount billed will be debited (withdrawn) on the payment date I have selected.

## 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.

## 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)

Correspondence regarding your account should be submitted to the address below:

**Attn: Premium Billing (1-7-01)**  
**Highmark Blue Cross Blue Shield Delaware**  
**PO Box 8868**  
**Wilmington, DE 19899**

If you have any questions regarding the EasyPay process, please feel free to contact us:

By email: [premium.billing@highmarkbcbsde.com](mailto:premium.billing@highmarkbcbsde.com)  
By phone: **800.559.5487**

## PLEASE PRINT

1. \_\_\_\_\_  
Member Name
2. \_\_\_\_\_  
Joint Account Name (if applicable)
3. \_\_\_\_\_  
Highmark Delaware Member (ID) Number  
(existing or previous members only)
4. \_\_\_\_\_  
Name of Financial Institution
5. \_\_\_\_\_  
Financial Institution Address
6. \_\_\_\_\_  
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.)
7. \_\_\_\_\_  
Your Bank Account Number
8. Payment Date (check one):
  - ☐ 27<sup>th</sup> of the month (prior to benefit month)
  - ☐ 3<sup>rd</sup> of the month
  - ☐ 5<sup>th</sup> of the month
9. Frequency of Payments (check one):
  - ☐ monthly
  - ☐ quarterly (January, April, July, and October)
10. \_\_\_\_\_  
Member Signature \_\_\_\_\_ Date \_\_\_\_\_
11. \_\_\_\_\_  
Joint Account Signature \_\_\_\_\_ Date \_\_\_\_\_

