



**BlueCross BlueShield  
of Delaware**

PO Box 1991  
Wilmington, DE 19899-1991

For information or questions regarding  
the EasyPay process, contact us at:

**Premium Billing@bcbsde.com**  
**302.421.8819** or  
**888.200.9261**

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

EasyPay 9/11

## Welcome to EasyPay



**BlueCross BlueShield  
of Delaware**

**bcbsde.com**

## 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

- 1** EasyPay saves you time and money. You no longer have to write checks or pay for postage.
- 2** 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.
- 3** EasyPay is free. As a valued Blue Cross Blue Shield of Delaware member, you can enjoy the convenience of EasyPay at no additional cost.



## 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 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. If your rates change at your renewal period, the deductions will automatically be updated to reflect the new rate.

### Some Important Information

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

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

If at any time you would like to discontinue EasyPay, please let us know, in writing, 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 or two invalid transactions occur within 12 consecutive months, 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): \_\_\_\_\_

**BCBSD Member Identification Number** (existing or previous members only): \_\_\_\_\_

**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, 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):

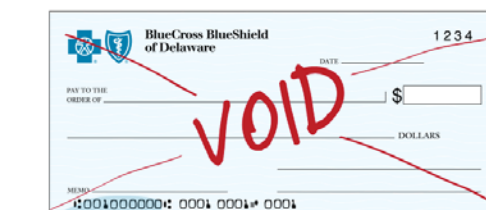
monthly     quarterly (January, April, July and October)

**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)

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

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**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:

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By phone: 302.421.8819 or 888.200.9261