

# Paying your premiums can be hassle free!

## Our Automatic Payment Option works behind the scenes...

Paying your Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas premiums can be automatic. So you won't ever have to worry about missing an important due date or handling premiums while you're traveling.

To set up automatic payment, just provide us with:

- 1) The checking or savings account number from a credit union, bank or savings and loan institution.
- 2) A completed authorization form (see below).
- 3) A preprinted personalized voided check or deposit slip from either your checking or savings account.

Once we receive your authorization form, your next premium payment will be deducted from your financial institution account on or after the fifth of each month. The deduction will appear on your next statement.

If you have other coverages with BCBSKS, those premiums will appear on your next statement. You can cancel the Automatic Payment Plan by calling your financial institution and Blue Cross and Blue Shield of Kansas.

## Automatic Payment Authorization

Please complete and enclose with your enrollment form or return to: Blue Cross and Blue Shield of Kansas  
1133 S.W. Topeka Blvd.  
Topeka, Kansas 66629-0001

Health and Life premiums     Health premiums     Life premiums

### Insured (you):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Social Security Number \_\_\_\_\_ ID Number \_\_\_\_\_  
(If currently enrolled with BCBSKS)

### If Business Account:

Business Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Financial Institution:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Please deduct from:  Checking     Savings    Account No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Important: **Please include a preprinted personalized voided check or deposit slip from either your checking or savings account.** I hereby authorize Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas, independent licensees of the Blue Cross and Blue Shield Association, to charge to my account monthly payment of premiums. Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas agree that the financial institution shall be relieved of any liability.

Signature  \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_



Independent Licensees of the Blue Cross and Blue Shield Association.