



EMPLOYEE PAYROLL
WITHHOLDING
AUTHORIZATION

Please read this statement and return it to your employer.

The undersigned employee hereby authorizes the Employer to withhold from his or her after-tax wages the premium amount for coverage held by the insured with Blue Cross and Blue Shield of Kansas, Inc. (“the Company”) and to remit the same to Company, upon billing by the Company. This authorization shall become effective on the date executed, and shall terminate either upon written instruction from the undersigned or upon any date on which the Company bills the Employer and the Employer has an insufficient amount withheld to pay the premium.

The undersigned further agrees that in the event the Company changes the premiums due for the above product, the Employer shall automatically increase or decrease the amounts withheld monthly to such new premium levels.

The undersigned agrees that if at any time an insufficient amount is withheld to pay the total amount, the Company may, without further notice, consider all of the above coverage terminated for non-payment of dues, and the undersigned will look only to the Employer for a refund of amounts withheld under such circumstance. Provided, however, the undersigned may exercise grace period rights under the contract by direct remittance of premium to the Company, and may apply for reinstatement directly to the Company. In the event coverage is reinstated by the Company, or if the undersigned changes types of products, the undersigned agrees that it will be necessary to execute a new payroll withholding authorization, if the undersigned wished to continue to remit premium in such a fashion.

I agree to the terms stated in the above authorization regarding payroll withholding.

Signature _____ Date _____ / _____ / _____
Month Day Year

*Independent Licensees of the Blue Cross and Blue Shield Association.