

SUREPAY INFORMATION AND AUTHORIZATION FORM

PAYING YOUR PREMIUMS THE "SUREPAY" WAY

SUREPAY is a simple and convenient way to keep your health coverage in force. If you select the SUREPAY option of paying for your Regence BlueCross BlueShield of Utah health insurance, the premiums will be deducted automatically from your checking account on or about the monthly premium due date of your policy. This will provide several advantages to you:

- You will have no premium statements to keep up with and return.
- Your premiums will always be paid on time (if funds are available in your account).
- Postage expenses will be eliminated.
- You won't have to worry about your policy accidentally lapsing due to forgotten payments.
- Your monthly bank statement will show a withdrawal notation which is your receipt of payment.

GETTING STARTED is as easy as **1 - 2 - 3**:

1. **Complete**, date and sign the Authorization Form below:
2. **Write** "void" on one of your personal checks.
3. **Return** this completed form and your "voided" check (**not** a deposit slip).

SOME SUGGESTIONS:

- **CHECKBOOK REMINDERS.** Since you will not be receiving a monthly premium notice, you should put a notation or some other reminder in your checkbook to remind you to deduct the premiums from your account balance each month. This will help you keep your account in balance and avoid overdraft problems.
- **IF YOU CHANGE YOUR BANK.** Just send us a copy of your new "voided" check and a note explaining that you have changed banks. Do this at least 15 days before your next premium is due. We suggest you leave enough money in your old bank account to cover your premiums in case there is a delay in processing the change.
- **ADDING OR DELETING DEPENDENTS.** Notify us in writing when you want to add or delete someone from the coverage of your policy. If this results in a change in your premium rate, your SUREPAY premium amount will be changed automatically.
- **ADDRESS CHANGES.** Please be sure to let us know whenever you change your address. We need your current address to notify you of rate, policy or procedure changes, and claims information.

SPECIAL NOTE — SAVINGS ACCOUNT DEDUCTIONS: If you are authorizing withdrawals from your savings account, please remit a payment for the quarterly premium on your policy when submitting this form. This will allow us sufficient time to establish monthly withdrawals from your savings account.

DETACH HERE

SUREPAY AUTHORIZATION FORM

1. **COMPLETE** and sign this authorization form
2. **ATTACH** your voided check (**not** a deposit slip)
3. **RETURN** to Regence BlueCross BlueShield of Utah (SUREPAY Dept. #2, P.O. Box 30270, Salt Lake City, UT 84130-0270)

AUTHORIZATION TO MY BANK

- Checking Account
 Savings Account

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Regence BlueCross BlueShield of Utah, Salt Lake City, Utah, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights to each such check or electronic debit shall be the same as if it were a check drawn on you and signed by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check. I further agree that if any checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Name of Subscriber (please print)

Social Security Number

Signature (as it appears on bank records)

Date