

Automatic Payment Option

for individual coverage



Paying your Blue Cross and Blue Shield of Kansas (BCBSKS) and/or Advance Insurance Company of Kansas (AICK) premium can be automatic.

Activate autopay by completing this authorization form and include:

- Your **personal** checking or savings account number.
- **A preprinted voided check or deposit slip from your personal account.**

Once we receive your authorization form, your next premium payment will be deducted from your account on or after the 28th of the month preceding coverage. 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 Option by calling your financial institution and/or BCBSKS. If you have coverage through AICK, please contact them at advanceinsurance.com.

If you've also signed up in BlueAccess, our self-service tool, you'll begin receiving confirmation emails each month when your BCBSKS automatic payment is processed.

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

This Automatic Payment Authorization is for:

- All BCBSKS premiums only All BCBSKS premiums and AICK premiums AICK premiums only

Section 1 – Member Information

First Name

Street Address

Last Name

City

Identification Number – list ID number(s) from your card(s)

State ZIP Code +4

Group Number/MPN Number

(_____) _____ - _____
Home Phone Number

(_____) _____ - _____
Cell Phone Number

E-mail Address

Section 2 – Financial Institution

Name

Please deduct from Checking Savings

Street Address

Routing Number

City

Account Number

State ZIP Code +4 (_____) _____ - _____
Phone Number

Important: For individual (non-group) coverage, your voided check or deposit slip must be from your personal account. I hereby authorize Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas, independent licensees of the Blue Cross 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 Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Blue Cross and Blue Shield of Kansas and/or Advance Insurance Company of Kansas agree that the financial institution shall be relieved of any liability.

Your signature required

Checking/Savings Account Owner

_____/_____/_____
Date Signed

Print Name