



Two Great Automatic Payment Options

Save time with e-Bill or Electronic Funds Transfer (EFT)!

When you sign up for e-Bill or EFT, your monthly premium payment is paid automatically from the account you select - saving you time and eliminating the need to write checks. Payment through e-Bill or EFT is safe, secure and convenient!

Option 1: Enroll Online in E-bill

- 1 Go to **highmarkbcbs.com**.
- 2 Select **Register**. Once registered, please select **Log In**.
- 3 Click on **Pay**.
- 4 Complete the one-time "e-Bill Registration" by providing your billing ID number from your paper invoice. Click **Submit**.
- 5 Follow the directions to make your payment arrangements. If your invoice is not displayed on the "Current Invoice" screen, click on **Invoice History**.*

Have questions or need help setting up your automatic withdrawal payment? Call Highmark Web Services at **1-800-294-9568**, Monday through Friday, between 8:00 a.m. and 7:00 p.m.

For other questions, please call Member Service. The number is on the back of your member ID card.

*Please note: Your payment must match your full invoice amount.

Option 2: Electronic Funds Transfer

Electronic Funds Transfer (EFT) is a convenient way to pay your premiums. Payments are automatically withdrawn from your bank account each month.

To set up your EFT payments, **simply complete and return the form on the back of this flier**.

Please note that it takes 6-8 weeks for EFT set up and you must continue to pay your premium payments by another method during this time.

You may discontinue your automatic payments at any time by calling Member Service at the number on the back of your member identification card. If you discontinue your automatic payments or choose not to enroll in e-Bill or EFT, you may pay your monthly premium with a paper check, cashier's check, money order or pre-paid debit card.

It's easy to set up EFT for automatic payments!

Just complete this form and return it! Please make sure that you:

Sign your name and date this form where indicated. The checking account holder must sign, too, if different from the member.

Make a copy of this form for your records. Enclose a voided check that has your address printed on it.

PLEASE PRINT

Membership ID number (As it appears on your ID card.)

Member Name

Spouse's Name and Membership ID Number
(If applying together with one bank account.)

Address

City State Zip

Phone Number (Include area code.)

Email Address

Name of Financial Institution

Checking Account Number

Bank Routing Number

*If you have a representative acting for you, include a copy of your Power of Attorney or proof of legal guardianship if it is not already on file with us.

Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Health or First Priority Life Insurance Company, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

Mail the completed form and voided check with your next bill or enrollment application to:

Highmark Enrollment Department
P.O. Box 382171
Pittsburgh, PA 15251-8171

- I hereby authorize Highmark and the financial institution designated to begin deductions for the full amount of my premium payment. The premium will be withdrawn five days prior to the first of each month.
- I authorize the financial institution to charge these withdrawals to my account. I understand that I may discontinue my participation with written or oral notice to Highmark. To discontinue these withdrawals at any time, call Member Service at the number on the back of your ID card.
- I understand that both the financial institution and Highmark reserve the right to terminate this payment program and/or my participation in this program at any time.
- I understand that Highmark may initiate reverse entries to correct erroneous transactions.
- **I understand that I must continue to pay my Highmark premium as usual until I am notified that my automatic checking account deduction is beginning.**

Signature of Checking Account Holder
(If different from the member applying.)

Member Signature

Spouse's Signature (If applying together.)

Signature of Legal Guardian or Power of Attorney (If applicable*)

Date

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。