

EASYPAYBlueSM

Our monthly payment service

An easier way to pay your premiums

Blue Cross and Blue Shield of North Carolina offers you an easy way to pay your premiums. Easy Pay Blue is our convenient monthly payment service – your premium is automatically withdrawn from your checking or savings account each month. Once you're enrolled, your deduction will appear on your monthly bank statement. You don't ever have to worry about writing a check, paying for postage or mailing your payment! We don't charge our members for this convenient service, although some banks may charge a fee for automatic bank drafts. Check with your bank for terms and details.

Questions?
Call 1-800-672-6584

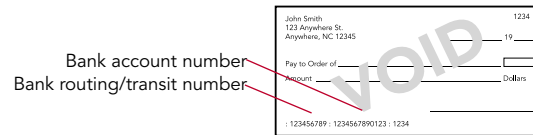
An independent licensee of the Blue Cross and Blue Shield Association. ©, SM Marks of the Blue Cross and Blue Shield Association. SM1 Mark of Blue Cross and Blue Shield of North Carolina. U3622b, 6/06

Choose your product: Medicare Supplemental Dental

It's as easy as 1-2-3

1 Complete the attached Easy Pay Blue authorization form.

2 Write "VOID" on a check from your checking account or a deposit slip from your savings account. Make sure your account number is printed on the slip.



3 Mail the completed authorization form AND the voided check or deposit slip to:

Blue Cross and Blue Shield of North Carolina
PO Box 17068
Winston Salem, NC 27116

You'll receive a notification that verifies the amount and date of your first withdrawal. Subsequent deductions are made on or after the date your premium is due and will appear on your monthly bank statement.

If you change banks, call **1-800-672-6584** to request another form. Write the date of change on the form, as well as your new account information, and we'll take care of the rest.

Customer information

Choose your product: Medicare Supplemental Dental

I am: a new Easy Pay Blue applicant.
 a current Easy Pay Blue member reporting a change in my bank account.

Date of change: _____

Name: _____

Address: _____

City: _____

State: _____ ZIP code: _____

Daytime phone: _____

Evening phone: _____

Subscriber ID: _____

Bank information

Type of account: Checking Savings

Name of bank: _____

Bank routing/transit #: _____
(This is the number accompanying your account number at the bottom of your check)

Bank account #: _____
(A voided check or deposit slip must be attached)

Important information: _____

I authorize Blue Cross and Blue Shield of North Carolina to initiate debits from my account with the financial institution indicated for payment of my premiums. I also authorize that financial institution to reduce the balance of my account by the amount of those debits. This authorization will remain in effect until I revoke it in writing at least 10 days prior to the date my account is scheduled to be debited. This automatic payment plan shall continue in effect unless and until terminated by Blue Cross and Blue Shield of North Carolina or by me with 30 days written notice to the other party. In addition, Blue Cross and Blue Shield of North Carolina may terminate the plan immediately if any draft is dishonored.

Name and address of bank account holder:

(Please print)

X _____ Date: _____

(Signature exactly as it appears on the bank account records)

An independent licensee of the Blue Cross and Blue Shield Association.

Your plan for better health. SM | bcbsnc.com



**BlueCross BlueShield
of North Carolina**

Authorization form



**BlueCross BlueShield
of North Carolina**