



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and Blue Shield Association



## Need help simplifying your life? Automatic Payment Authorization Form

As a valued member of Wellmark Blue Cross and Blue Shield, you can sign up for our automatic payment program. This means no more checks to write, no stamps to buy, and no trips to the post office — we make it convenient for you to pay your premium.

*It's Convenient*

With the automatic payment program, you can minimize the risk of an unintended cancellation and the need to re-apply or re-qualify for coverage due to a missed or late payment. It helps protect your health insurance from lapsing and will help ensure your coverage will continue uninterrupted — even if you're away from home.

*It's Easy*

Let us help take the hassle out of paying your bills. You can choose how often you'd like your premiums withdrawn: monthly, quarterly, semi-annually or annually.

*It's Free*

To sign up for this free program\*, return your premium payment, the completed Automatic Payment Authorization Form, and a pre-printed voided check or deposit slip. Once we receive your Authorization Form, we will notify you when your automatic payments will begin.

\* Service fee applies to Short Term Major Medical policy.



**YES!** I authorize Wellmark Blue Cross and Blue Shield of Iowa and/or Wellmark Health Plan of Iowa, Inc. and US Able Life (if applicable) to make automatic withdrawals from the account shown on the enclosed **voided check** or **deposit slip** in the amount of my periodic premium payment and service fee, if applicable, as they may be adjusted from time to time.

My authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless I call or provide my bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If I call my bank to stop payment, I may be required to provide a written request within fourteen (14) days after my call. I will be responsible for any fee assessed by my bank for stop-payment orders that I make. This authorization supersedes and replaces any previous authorization given by me for automatic premium withdrawal.

Insured's Name (please print) **X** \_\_\_\_\_ Policy Number **X** \_\_\_\_\_

### Select a Payment Frequency:

Monthly  Quarterly  Semi-Annually  Annually

1<sup>st</sup> of the month  5<sup>th</sup> of the month

*Note: If applicable, US Able Life withdraws on the 4th of the month*

Checking (*attach a voided check*)  Savings

Financial Institution Name: \_\_\_\_\_

State Code: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Financial Institution Phone #: \_\_\_\_\_ Account Holder's Name: \_\_\_\_\_

Account Holder's Signature: **X** \_\_\_\_\_ Date: **X** \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_

|  |                  |                                       |
|--|------------------|---------------------------------------|
| Jane Doe<br>1234 Any Street<br>Anytown, US 12345 |                  | (STATE CODE) <sup>2001-91</sup> 72    |
| PAY TO THE ORDER OF _____                        |                  | _____ 20 _____<br>\$ _____<br>DOLLARS |
| ANYTOWN BANK                                     |                  |                                       |
| Memo _____                                       |                  |                                       |
| (123456789)                                      | (0987654321)     | (1234)                                |
| (ROUTING NUMBER-9 DIGITS)                        | (ACCOUNT NUMBER) | (CHECK NUMBER)                        |

▶ Free ▶ Automatic ▶ Saves Money ▶ Convenient ▶ Safe ▶ Easy

## Sign Up is Easy!

End the hassles of writing checks or money orders, mailing payments or missing a payment.

1. Simply sign and date the Automatic Payment Authorization Form on the reverse side
2. Return the Automatic Payment Authorization Form along with your current premium payment.
3. **Be sure to include a blank, voided check.**

You may cancel your Automatic Payment anytime by notifying us in writing at least 20 days before your next scheduled withdrawal.

To stop payment with less than 20 days notice, you must notify your bank no less than 3 business days before the next scheduled withdrawal. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.

Return your form to:

Wellmark Blue Cross and Blue Shield of Iowa  
PO Box 9232, Station 11  
Des Moines, IA 50306-9232

### Questions?

Visit [www.wellmark.com](http://www.wellmark.com) or  
call the number listed on your  
Wellmark ID card.