Check It Out® Enrollment/Change Form



Check It Out

For many of us in this busy world, remembering to pay our health insurance premium is just one more item on an endless list of things to do.

Capital Blue Cross and its family of companies, understand the countless demands on your schedule. That's why we've designed a program to help shorten your to-do list. We call it Check It Out®.

Check It Out is an automated payment option that will deduct your premium directly from your bank account. No checks to write. No envelopes to mail. No hassles. Best of all, it will give you peace of mind in knowing that your health insurance premium is paid on time.

How Does It Work?

Capital Blue Cross will be able to pull premiums directly from your account for your first month of coverage if we receive and process your application prior to the 15th of the month. If processed after the 15th of the month, you will receive a paper invoice and your first month's premium should be remitted via another means (check or credit card).

Your bank will monthly transfer your Capital Blue Cross premium from your bank account directly to Capital Blue Cross. If the designated transfer day is a holiday, the premium payment will be deducted on the next business day. If your account does not have sufficient funds available to pay the premium, Capital Blue Cross will send you a notice. Repeated insufficient funds, however, may cause your insurance to be canceled.

Your participation in Check It Out does not change your benefits or the terms of your contract in any way. If premiums change or if you are enrolled in a different plan, Capital Blue Cross will send you a notice in advance. You may cancel your participation in Check It Out at any time simply by notifying Capital Blue Cross in writing.

How Do I Enroll?

To take advantage of this free monthly service you must complete and sign the Check It Out enrollment form. The Check It Out enrollment form is also available on the Capital Blue Cross website at CapitalBlueCross.com. Simply return the completed form to Capital Blue Cross at the address below. If using a checking account, write "VOID" on a blank bank check, include your name and address if not printed on your check, and return it with your enrollment form. Your Check It Out authorization will be processed and begin with your next monthly billing. Depending on when we receive your enrollment form, you may receive a paper bill for payment. Capital Blue Cross will let you know, in writing, when you are approved for this program and when your automatic payments begin. Your initial bill may be more than a one-month time period to bring you in-line with our Check It Out enrollment files.

How Do I Make Changes?

You can make changes easily by completing another enrollment/change form and placing a check mark in the appropriate box.

Return completed application to:

Enrollment and Billing Capital Blue Cross PO Box 772612 Harrisburg, PA 17177-2612

If you have any questions, contact us by calling the Member Services telephone number located on the back of your member ID card.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company*, Capital Advantage Assurance Company* and Keystone Health Plan* Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Check It Out® Enrollment/Change Form

By completing this form, I/we authorize Capital Blue Cross and its subsidiaries, and the financial institution named below, to deduct the current amount of the premium for healthcare coverage from my/our account on the designated day and transfer such amount directly to Capital Blue Cross. If the designated day is a holiday, the premium payment will be deducted on the next business day. I/we understand that my/our banking info will be removed following two consecutive insufficient funds occurrences and my/our Capital Blue Cross healthcare coverage may be canceled.

Please Check One:			□ Change Bank Account Informationm □ Cancel Check It Out Program			
Subscriber Infor	rmation (Please Pr	int)				
Subscriber's Full Name			Member Identification Number (as it appears on your member ID card)			
Street Address						
City			State	State ZIP Code		
Authorized Signature			Date			
Is this a new address	s? 🗆 Yes 🗅 No		ME	EMO		
		Bottom of Check		A/Transit Routing Number	# 0 1 2 3 4 5 6 7 8 9 # Account Number	
Financial Institu	tion Informatio	n (Please Prin	t)			
Please Check One:	☐ Checking Accoun	t 🗖 Savings	Accou	nt		
Name of Financial Institution			ABA Number			
Name on Bank Account			Bank Account Number			
Signature of Capital	Blue Cross Subscri	ber				
Signature Date (if joint account optional)		Signature (if account is other than subsc		Date scriber's)		

Please note: Notification of premium changes or of enrollment in a different plan will be sent to the subscriber only.

IMPORTANT: Please include a blank check marked "VOID" showing your preprinted account number if using a checking account.

Capital 🚳