

Group/Corporate 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 BlueCross and its subsidiaries, Capital Advantage Insurance Company,[®] Capital Advantage Assurance Company,[®] and Keystone Health Plan[®] Central, understand the countless demands on your schedule. That's why we've designed two programs to help shorten your to-do list. *Group Check It Out* and *Corporate Check It Out*.

Group Check It Out is an automated payment option that will deduct your Capital BlueCross monthly premium directly from your bank account on your designated due date.

Corporate Check It Out is an automated payment option for ASO groups **only** that will deduct your Capital BlueCross monthly administrative fee and claims administrative fee directly from your bank account.

Imagine! No checks to write. No envelopes to mail. No hassles. Best of all, it will give you peace of mind in knowing that your group's health insurance premium is paid on time.

How Does It Work?

Your bank will transfer your group's Capital BlueCross premium from your group's bank account directly to Capital BlueCross according to your group's billing arrangement. If the designated transfer day is a holiday, the premium payment will be deducted on the next business day. If your group's account does not have sufficient funds available to pay the premium, Capital BlueCross will send your group a notice.

Your group's participation in either the *Group Check It Out* or *Corporate Check It Out* programs does not change your benefits or the terms of your contract in any way. Please be aware that any adjustments to your premium will be reflected in your next statement. If premiums change, Capital BlueCross will send you a notice in advance.

How Do I Enroll?

To take advantage of this free service, you must complete the back of this page and provide your signature. (**For *Group Check It Out* only**, the enrollment/change form is also available online on the Capital BlueCross website at capbluecross.com.)

Simply return the completed form back to Capital BlueCross at the address listed below. You'll also need to write "VOID" on one of your current bank checks, include your group name and address if either or both are not already on your check, and return it with your enrollment form. It will take about seven to ten working days for the form and authorization to be processed. Until that time, you may receive a bill for payment. Capital BlueCross will let you know when you are approved for this program and when your automatic payments begin.

How Do I Make Changes?

You can make changes or cancel your participation easily by completing another *Group/Corporate Check It Out Enrollment/Change Form* and placing a check mark in the appropriate box. Make a copy of the form for your records and return the form to the address below. (**For *Group Check It Out* only**, changes or cancel can be one with the online enrollment/change form on the Capital BlueCross website at capbluecross.com.)

Return Completed Application to:

Capital BlueCross—*Group/Corporate Check It Out*
PO Box 772612
Harrisburg, PA 17177-2612

If you have questions regarding this information or need additional *Group/Corporate Check It Out Enrollment/Change Forms*, please contact your group services area via the phone number provided to you, which is also available in your Group Administrator Manual.

Group/Corporate Check It Out Enrollment/Change Form

By completing this form, I/we authorize Capital BlueCross and its subsidiaries, Capital Advantage Insurance Company,[®] Capital Advantage Assurance Company,[®] and Keystone Health Plan[®] Central, and the financial institution named below, to deduct the amount of the premium for health care coverage from my/our account on the designated day and transfer such amount directly to Capital BlueCross. If the designated day is a holiday, the premium payment will be deducted on the next business day. I/we agree to maintain sufficient funds in the account to permit these deductions. If the account does not have sufficient funds at the time of transfer, I/we understand that my/our Capital BlueCross health care coverage may be canceled.

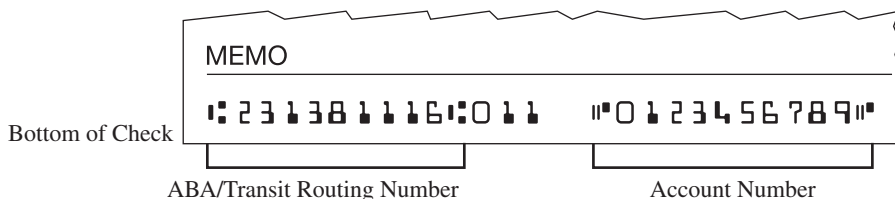
- Please Check One
- Enroll in *Group* Check It Out Automatic Withdrawal Program – *Withdrawn Monthly*
 - Cancel *Group* Check It Out Program – *Cancel Monthly Withdrawal*
 - Enroll in *Corporate* Check It Out Automatic Withdrawal Program – *Withdrawn Weekly*
 - Cancel *Corporate* Check It Out Program – *Cancel Weekly Withdrawal*
 - Change Bank Account Information (please circle *Corporate* or *Group*)
 - Applies to all subgroups (otherwise provide a list of specific subgroups)
 - Applies to subgroup listed below

Note that it is important to submit a different application for each bank account you use to pay your Capital BlueCross group premium. If you apply for this program, your group has two (or more) subgroups, and each uses a different bank account to pay premiums, you should complete a new application for each account.

Group Information (Please Print)

Group Name	Group Number/ID ()	Subgroup Number
Group Administrator	Telephone Number	
Authorized Signature	Date	

Important: Please include a blank check marked “VOID” showing your preprinted account number if using a checking account.



Financial Institution Information (Please Print)

- Please Check One
- Checking Account
 - Savings Account

Name of Financial Institution	ABA Number
Bank Account Name	Bank Account Number

Return to Capital BlueCross, address on reverse side.

Please keep a copy of the completed form for your records.

