

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 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 BlueCross 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 BlueCross premium from your bank account directly to Capital BlueCross. 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 BlueCross 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 BlueCross will send you a notice in advance. You may cancel your participation in Check It Out at any time simply by notifying Capital BlueCross 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 BlueCross website at capbluecross.com. Simply return the completed form to Capital BlueCross 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 BlueCross 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:

Account Administration
Capital BlueCross
PO Box 772612
Harrisburg, PA 17177-2612

If you have any questions, contact us by calling the Customer Service telephone number located on the back of your identification card.

Check It Out® Enrollment/Change Form

By completing this form, I/we authorize Capital BlueCross and its subsidiaries, and the financial institution named below, to deduct the current 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 Check It Out Automatic Withdrawal Program Change Bank Account Information Cancel Check It Out Program

Subscriber Information (Please Print)

Subscriber's Full Name _____ Member Identification Number
(as it appears on your ID card)
()

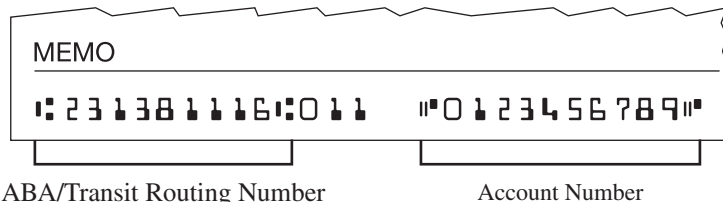
Street Address _____ Daytime Telephone Number _____

City _____ State _____ ZIP Code _____

Authorized Signature _____ Date _____

Is this a new address? Yes No

Bottom of Check



Financial Institution Information (Please Print)

Please Check One Checking Account Savings Account

Name of Financial Institution _____ ABA Number _____

Name on Bank Account _____ Bank Account Number _____

Signature of Capital BlueCross Subscriber _____

Signature _____ Date _____
(if joint account optional) (if account is other than subscriber'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.

Return to Capital BlueCross.

