

## Group Check It Out® Enrollment/Change Form

### Group 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 a program to help shorten your to-do list. We call it *Group Check It Out*.

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

---

Your bank will transfer your Capital BlueCross monthly 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 bill. Repeated insufficient funds, however, may cause your insurance to be canceled.

Your participation in *Group Check It Out* does not change your benefits or the terms of your contract in any way. You may cancel your participation in *Group Check It Out* at any time simply by notifying Capital BlueCross in writing or by calling 1-866-987-4246.

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

### How Do I Enroll?

---

To take advantage of this free monthly service you must complete and sign the attached *Group Check It Out* Enrollment form. The *Group 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 group name and address if not printed on your check, and return it with your enrollment form. Capital BlueCross will let you know, in writing, when you are approved for this program and when your automatic payments begin.

### 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:

Medicare Programs  
PO Box 779827  
Harrisburg, PA 17177-9827

If you have any questions about how this program works or require assistance filling out this form, please call 1-866-987-4246.

# Group 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 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. 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 our Capital BlueCross health care coverage may be canceled.

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

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)

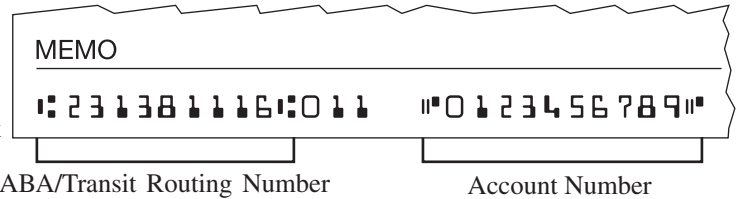
Group Name \_\_\_\_\_ Group Number/ID \_\_\_\_\_ Subgroup Number \_\_\_\_\_  
(as it appears on your bill/invoice)

( ) \_\_\_\_\_  
Group Administrator's Telephone Number

Signature of Group Administrator \_\_\_\_\_ Date \_\_\_\_\_

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

Bottom of Check



## Financial Institution Information (Please Print)

Name of Financial Institution \_\_\_\_\_ ABA Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Return to Capital BlueCross, address on reverse side.

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