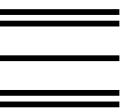


PLACE  
STAMP  
HERE



CAPITAL BLUE CROSS  
PO BOX 772612  
HARRISBURG PA 17177-2612



# Entrust<sup>®</sup>

*A third-party notice service for  
Individual Account subscribers.  
It's easy. It's free.*

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company<sup>®</sup>, Capital Advantage Assurance Company<sup>®</sup> and Keystone Health Plan<sup>®</sup> 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.

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## Peace of Mind. No More Worries.

### Entrust

If you've ever misplaced or forgotten to pay your bill for health care coverage with Capital BlueCross and Capital Advantage Insurance Company®, Entrust can be a benefit to you as an Individual Account subscriber.

Capital BlueCross has created Entrust—a free service that helps to remind you that your bill for health care coverage is past due.

### How does Entrust Work?

Once you are signed up for Entrust and your bill becomes past due, Capital BlueCross will send your final billing notice to the relative, agency, or friend you have chosen to act as your third-party representative. This gives the third party an opportunity to contact you about sending in your premium payment immediately to avoid the cancellation of your valuable health care coverage due to nonpayment.

The third party is *not* held responsible for premium payments on your behalf.

## How Do I Sign Up?

### It's Easy. It's Free.

To take advantage of this free service, you and the third party will need to complete and sign the Entrust Enrollment/Change Form. It's that easy. Simply answer the questions, tear off the form at the perforation, fold, seal, and return it to Capital BlueCross. We'll keep the name and address of your third party on our files until you request otherwise or are no longer enrolled as an Individual account subscriber.

### How Do I Make Changes?

If you are currently enrolled for this service, there is no need to reapply. However, you may change to a new third party by completing another form and placing a check mark in the appropriate box. If you want to delete a third party, you may notify Capital BlueCross in writing. Please send the request to Capital BlueCross, Customer Service P.O. Box 774611, Harrisburg, Pennsylvania 17177-4611.

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

## Entrust® Enrollment/Change Form

By completing this form and returning it to Capital BlueCross and Capital Advantage Insurance Company®, I am requesting that the third party named below be notified when my bill becomes past due. I understand that I will not receive a copy of the final notice and the third party is not held responsible for premium payments on my behalf.

Please Check One  Enroll a Third Party  Change to a New Third Party

### Subscriber Information (Please Print)

Subscriber's Full Name			Identification Number (as it appears on your ID card) ( )	
Street Address			Daytime Telephone Number	
City	State	ZIP	Authorized Signature	Date

### Third Party Information (Please Print)

Third Party Name			Relationship To Subscriber Named Above ( )	
Street Address			Daytime Telephone Number	
City	State	Zip	Authorized Signature	Date

Capital BlueCross does not place responsibility for payment of your premiums on the third party you choose. You, as the subscriber, are responsible for paying premiums.



TEAR AT PERFORATION

USE TAPE TO SEAL FOR MAILING