



Automatic Premium Payment Authorization Agreement

Take these simple steps for hassle-free monthly premium payments:

- Verify with your financial institution that it can accept automated electronic withdrawals.
- Complete, sign and return this authorization form.
- If submitting by fax, please fax this form to 1-800-625-5916.
- If submitting this form by mail, please use this address:

Blue Cross and Blue Shield of New Mexico
 P.O. Box 3236
 Naperville, IL 60566-7236

If you have any questions about this program, please call our Member Service Department toll-free at 1-866-236-1702.

AGREEMENT

I request and authorize Blue Cross and Blue Shield of New Mexico (BCBSNM) and/or its designee to obtain payment of amounts becoming due by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. As the account holder, by signing below, I also certify, in the event that this draft is being drawn from a company checking account, that I am authorized to approve this transaction, that the company is not paying any portion of the premium for this subscriber, either directly, or through reimbursement, and that the employer/company is not deducting any part of the premium from gross income under section 106 or section 162 of the Internal Revenue Code. I understand that both the financial institution and BCBSNM reserve the right to terminate this payment program and/or my participation therein. I also understand that I may discontinue this payment program (except for Blue Transitions), at any time with at least 10 days advance notice to Blue Cross and Blue Shield of New Mexico by telephone prior to a scheduled withdrawal date.

Please complete the following ~ Print or Type information

Yes **No** Deduct ongoing monthly premium payments from my designated checking or savings account. Drafts will be drawn on the Preferred Draft Day specified below (does not apply to Blue Transitions). For Blue Transitions and when a Preferred Draft Day is not specified for other products, drafts will be drawn on the premium due date. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. (Please note that coverage cannot be issued until the first month of premium has been received in our office, unless you have authorized Blue Cross and Blue Shield of New Mexico to deduct the initial payment upon receipt of your application).

_____ Preferred Draft Day. It must be on or prior to the premium due day. If the selected preferred draft day falls after the premium due day, the monthly premium will be drawn on the day premium is due.

Yes **No** Upon receipt of my application, deduct the initial premium payment from my checking or savings account.

Yes **No** For Blue Transitions applicants only: Upon receipt and approval of my Blue Transitions application, please deduct the premiums due for the designated Benefit Period. Blue Transitions premiums are Non-refundable.

Policy Identification Number/Applicant's Social Security Number: _____

Please check one: Checking Account Savings Account

Name of Applicant: _____

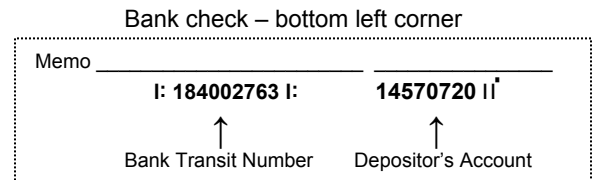
Name of Depositor(s) if other than the applicant: _____

Name of Bank where account is authorized: _____

Address of bank: _____

Bank Transit Number: _____

Depositor's Account Number: _____



I have read and accept the above agreement.

Depositor's Signature: _____ Date: _____