Blue Cross Medicare Advantage℠ Plan

Automatic Premium Payment Program

Authorization Agreement

Take these three simple steps to hassle-free monthly premium payments:

- Complete and sign this authorization agreement.
- Verify with your financial institution that they can accept automated electronic withdrawals.
- Return this authorization to:
  Blue Cross Medicare Advantage Dual Care℠
  c/o Member Services
  P.O. Box 4555
  Scranton, PA 18505

Your payments will be deducted on approximately the 4th of each month.

AGREEMENT

I, as account holder, hereby authorize Health Care Service Corporation (HCSC) and/or HCSC Insurance Services Company (HISC) to initiate withdrawals on a monthly basis from my account at the financial institution named in this authorization for payment of monthly Blue Cross Medicare Advantage Dual Care (HMO SNP) or Blue Cross Medicare Advantage Dual Care (PPO SNP) insurance premium and/or outstanding balances due for the named policyholder; and I authorize the financial institution to charge such withdrawals to my account. Upon processing of this signed authorization, all outstanding balances will be collected.

A draft shall be drawn each month on or about the premium due date of the policy/contract. 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 premiums from gross income under section 106 or section 162 of the Internal Revenue Code. I understand that both the financial institution and HCSC and/or HISC reserve the right to terminate this payment program and/or my participation therein. I also understand that I may discontinue this payment program (except on individual temporary contracts) at any time with at least 10 days advance notice to HCSC and/or HISC by telephone prior to a scheduled withdrawal date.

I am authorizing my insurance premium due for this Blue Cross Medicare Advantage Dual Care coverage be paid as described in this agreement and agree that if any withdrawal is dishonored, the premium payment for such withdrawal will be considered in default. I also authorize the disclosure of my policy identification/group numbers and any other necessary personal information on the financial institution's statements to identify to the account holder named for whom withdrawals are being made.

PLEASE COMPLETE THE FOLLOWING • Print or type information

Yes, I elect to have my insurance premium paid monthly through the Automatic Premium Payment Program.

Member Name: _____

Group Number: _____ Member ID: _____

Address: _____

City: _____ State _____ ZIP: _____ Phone #:_____

Account Holder Name(s): _____ Phone #:_____

Account Holder Address: _____

Full Name of Bank or Financial Institution:

_____

Bank Account Number: _____ ☐ Checking OR ☐ Savings

Routing Number: _____

I have read and accept the above agreement.

Member Signature: _____

Account Holder Signature(s) _____
(if different from Member)

Blue Cross Medicare Advantage[SM] DSNP NM plan information:
If you have questions, call 1-877-688-1813 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

Such services are funded in part with the State of New Mexico.

HMO, PPO, HMO Special Needs Plans, and PPO Special Needs Plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plans depends on contract renewal.