BlueCross BlueShield of Illinois

Employer *Name:* _____

EIN*#:* _____

Initial Premium Payment Information

Note: Do not cancel any current coverage you may have until your Application is approved and your new plan is effective. To use ACH for payment of initial premium payment please select ONE-TIME BANK DRAFT below, complete the balance of the form in its entirety, and submit to your Broker or Producer for processing.

Payment will be drafted upon approval and acceptance of a final rate offer. You must complete the Authorization Agreement below.
☐ ONE-TIME BANK DRAFT

AUTHORIZATION AGREEMENT

Required for Bank/Financial Institution Draft Payments Only

I request and authorize BCBSIL and/or its designee to obtain a one-time ACH payment by initiating the charge from my checking or savings account and I request and authorize the Financial Institution named below to accept and honor the same from my account. 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. If an ACH Transaction from my account is rejected for Non-Sufficient Funds (NSF), I understand I will have to make a payment arrangement via a different payment channel. I also understand that both the Financial Institution and BCBSIL reserve the right to terminate this payment program and/or my participation therein.

Please complete the following – print or type information

I authorize BCBSIL to deduct the one-time ACH payment from our checking or savings account.

Please ensure adequate funds are available at the time of Application. BCBSIL is not responsible for fees incurred due to insufficient funds.

PLEASE CHECK ONE ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐ MONEY MARKET ACCOUNT	**BANK NAME**	
BANK ROUTING NUMBER	**EMPLOYER'S ACCOUNT NUMBER**	
PREMIUM AMOUNT: $		
AUTHORIZED SIGNATURE	**DATE**	**NAME OF AUTHORIZED PURCHASER**
NOTE: An E-mail notification will be sent to the below listed address when funds are withdrawn.		**TITLE OF AUTHORIZED PURCHASER**
E-MAIL ADDRESS		
☐ **I HAVE READ AND ACCEPT THE ABOVE AGREEMENT**		

NOTES: A minimum of 90 percent of the estimated initial/first month's health and/or dental premium is required in order to use ACH. An explanation should be provided by a company official authorized to represent the business on company letterhead or the electronic equivalent if the address or name on the bank account associated with this binder payment differs from the company's primary address and name. This includes if the address is that of another location in the same state, if the address is out of state, if the address is a post office box, etc. The ACH option for the initial premium through the BCBSIL is a one-time payment. All payments for future monthly bills must be arranged using the EFT option in Blue Access for Employers or paid via check. The initial premium for life coverage, if purchased, will be requested on the first bill from Dearborn National.

When you renew BCBSIL coverage or reenroll by selecting a new product, you will need to be current on your premium payments. Any past due premium payments for coverage we provided will be due at the beginning of the new plan year in addition to current premium charges. New coverage will not be effective until all such payments are made.

INTERNAL USE ONLY

BCBSIL Account Number:

Enrollment State:

Effective date: