

Electronic Payment Option Plan

Enrollment Instructions - Plans for Individuals and Families

As a Blue Cross & Blue Shield of Rhode Island (BCBSRI) member, you can choose to have your monthly premium payment deducted automatically from your checking or savings account.

Please note: The Electronic Payment Option is only available to members purchasing health and/or dental coverage directly with BCBSRI. If you enrolled through HealthSource RI, please call 1-855-651-7873 for information about payment options.

The Electronic Payment Option Plan is easy to set up. To authorize BCBSRI to withdraw your monthly payment from your checking or savings account, simply follow these steps:

- 1. Complete the Electronic Payment Option form.
- 2. Sign and date the form.
- 3. Attach a voided check for verification of all financial institution information.
- 4. Return the completed form and voided check to:

Membership Dept. – EPO – Direct Pay Blue Cross & Blue Shield of Rhode Island 500 Exchange Street Providence, RI 02903-2699

You will receive a monthly premium bill notifying you of your premium amount due. Your payment will be automatically deducted from your bank account on the fifth business day of the month that premiums are due. Proof of payment will appear on your bank statement and your next month's premium bill.

If the amount of your payment changes as a result of a plan or benefit level change or a rate change, you will be notified at least 10 days before the payment date. If the notification is less than 10 days before your next premium is due, you will not be charged a premium until the fifth day of the following month. At that time, you will be charged for both the new premium for the prior month and the premium for the current month.

If your bank account does not have enough money on the day of the electronic payment, the bank will notify BCBSRI, and we will remove you from the Electronic Payment Option Plan. Please note that your insurance coverage will be cancelled if your premiums are not paid by the last day of the month.

You can stop the Electronic Payment Option Plan at any time. The authority you give to charge your bank account will remain in effect until you notify BCBSRI or your financial institution, allowing a reasonable time for action on such request.

If you have any questions, please call our Customer Service Department at (401) 459-5000 or 1-800-639-2227 (outside Rhode Island). You can reach us Monday through Friday, 8:00 a.m. to 8:00 p.m.

Electronic Payment Option Form

Authorization by Direct Pay Member for Direct Payment

I authorize Blue Cross & Blue Shield of Rhode Island (BCBSRI) to withdraw electronic payments monthly for my premium payment from my: Checking Account Savings Account

I understand that I will receive a bill notifying me of the premium amount due. I also understand that because I have chosen the Electronic Payment Option Plan, the premium amount due will be deducted from my bank account on the fifth business day of the month that premiums are due. I acknowledge that the origination of Automated Clearing House (ACH) or electronic debit transactions to my bank account must comply with the provisions of United States law. This authority will remain in effect until I cancel it.

I understand that if my bank account does not have enough money on the day of the electronic payment, I will be removed from the Electronic Payment Option Plan. I also understand that my insurance coverage will be cancelled if my payment is not paid by the last day of the month.

First and Last Name (Please print):	
Member Identification Number:	
Telephone Number including Area Code:	
Financial Institution Name (Please print):	
Financial Institution City and State:	
Financial Institution Routing/Transit Number:	
Financial Institution Account Number:	
Member Signature:	Date:

Please attach a voided check or deposit slip indicating bank routing/transit number and bank account number to this form. Checks issued by banks in the United States only.



www.bcbsri.com