

We're here for YOU  
every step of the way



## BlueExtra ZipCheck<sup>®</sup> (Electronic Funds Transfer - EFT)

### Paying your monthly premium just got easier!

ZipCheck is an electronic system that quickly and automatically pays your BlueExtra plan premium bills for you, month after month. Once you sign up for ZipCheck, you'll never have to write checks for plan premium bills again.

### It takes the worry out of remembering

With ZipCheck, each bill is automatically deducted from your checking or savings account. You'll never be bothered with having to remember to pay your bill. ZipCheck takes care of it for you, even when you're away on vacation.

### It's free!

ZipCheck is absolutely free. There are no sign-up fees or charges per transaction, and you'll save money on postage.

### What if I don't have enough money in my account?

When debiting your account on a monthly basis, if BlueExtra does not receive the appropriate funds as a result of insufficient funds, you will be billed through the mail for your monthly premium. There also may be charges imposed by your bank. If you fail to pay your monthly premium, you will be sent two notices.

*(continued on back)*



**Authorization form (Please complete both sides.)**

#### Payment authorization

I (We) authorize my (our) bank or savings institution to make payments to BlueExtra from the account provided on the back of this form. I (We) understand this authorization may be revoked by me (us) at any time by calling Customer Service to discontinue the automatic payment. I (We) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, I (we) will be billed through the U.S. mail. If sufficient funds are not maintained during the next billing cycle, my (our) ZipCheck Electronic Account will be cancelled. The bank or savings institution will have no liability, except due to an error by the institution or by the plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (if joint account) \_\_\_\_\_ Date \_\_\_\_\_

Signature of BlueExtra policy holder  
(if not bank account holder) \_\_\_\_\_ Date \_\_\_\_\_

The first notice will inform you that you have an unpaid balance. If full payment of all outstanding premiums that become due within six months from the date of the first notice is not satisfied, you will receive a second notice advising you that you will be disenrolled from the plan. Should you disagree with this decision, you have the right to file a grievance by contacting Customer Service, seven days a week, 8 a.m. to 8 p.m. 1-800-ASK-BLUE; (Speech- and hearing-impaired: 1-888-857-4816). However, please be aware that on weekends and holidays from February 15 through October 14, your call may be sent to an answering machine.

## Sign up for ZipCheck

It's easy to sign up for ZipCheck. Just complete the authorization form below and send it to the address below along with a voided check. If you want the debit to come from your savings account, please contact your financial institution and request the ABA routing number. Upon confirmation of your information and account status, the ZipCheck program may begin as early as next month. Please await written confirmation that you are enrolled in the program before you stop paying your bill by check. For more detailed information on ZipCheck enrollment, please refer to your subscription agreement. If you have any questions about the program, please call Customer Service, seven days a week, 8 a.m. to 8 p.m. (Speech- and hearing-impaired: 1-888-857-4816). However, please be aware that on weekends and holidays from February 15 through October 14, your call may be sent to an answering machine.

**BlueExtra**  
**PO Box 37576**  
**Philadelphia, PA 19101-7576**

To request another copy of the BlueExtra ZipCheck authorization form, please contact Customer Service, seven days a week, 8 a.m. to 8 p.m. (Speech- and hearing-impaired: 1-888-857-4816). However, please be aware that on weekends and holidays from February 15 through October 14, your call may be sent to an answering machine.



Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

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### Authorization form (Please complete both sides.)

#### Payment authorization

Return this completed form with a voided check to the address listed above. If you wish to make payments from your savings account, complete the form below, making sure to list the ABA routing number to the address above and checking the box next to "savings". Use only one form per applicant.

I understand this authorization may be revoked by me at any time by contacting Customer Service or sending a letter to discontinue my automatic payment.

Policy holder:	
Member ID #:	Phone #:
Financial institution:	
ABA routing # (first 9 digits): <input type="checkbox"/> Checking <input type="checkbox"/> Savings (no passbooks)	
Bank account #:	