



**Capital BlueCross**

Independent Licensee of the BlueCross BlueShield Association

## Check It Out® Enrollment/Change Form

### Check It Out

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For many of us in this busy world, remembering to pay our health insurance premium is just one more item on an endless list of things to do.

Capital BlueCross and its subsidiary, Capital Advantage Insurance Company®, understand the countless demands on your schedule. That's why we've designed a program to help shorten your to-do list. We call it Check It Out®.

Check It Out is an automated payment option that will deduct your Capital BlueCross premium directly from your bank account. No checks to write. No envelopes to mail. No hassles. Best of all, it will give you peace of mind in knowing that your health insurance premium is paid on time.

#### *How Does It Work?*

Your bank will monthly transfer your Capital BlueCross premium from your bank account directly to Capital BlueCross. If the designated transfer day is a holiday, the premium payment will be deducted on the next business day. If your account does not have sufficient funds available to pay the premium, Capital BlueCross will send you a notice. Repeated insufficient funds, however, may cause your insurance to be canceled.

Your participation in Check It Out does not change your benefits or the terms of your contract in any way. If premiums change, Capital BlueCross will send you a notice in advance. You may cancel your participation in Check It Out at any time simply by notifying Capital BlueCross in writing.

### How Do I Enroll?

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To take advantage of this free monthly service you must complete and sign the Check It Out Enrollment form. The Check It Out Enrollment form is also available on the Capital BlueCross Web site at [www.capbluecross.com](http://www.capbluecross.com). Simply return the completed form to Capital BlueCross at the address below. If using a checking account, write "VOID" on a blank bank check, include your name and address if not printed on your check, and return it with your enrollment form. Your Check It Out authorization will be processed and begin with your next monthly billing. Depending on when we receive your enrollment form, you may receive a paper bill for payment. Capital BlueCross will let you know, in writing, when you are approved for this program and when your automatic payments begin. Your initial bill may be more than a one-month time period to bring you in-line with our Check It Out enrollment files.

#### *How Do I Make Changes?*

You can make changes easily by completing another Enrollment/Change Form and placing a check mark in the appropriate box.

Return Completed Application to:

Account Administration  
Capital BlueCross  
PO Box 772612  
Harrisburg, PA 17177-2612

For questions, please call 1-800-962-2242.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

# Check It Out® Enrollment/Change Form

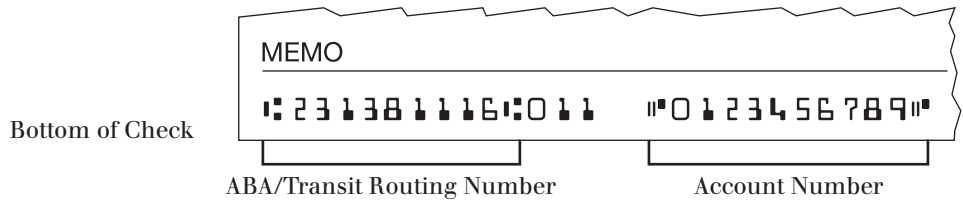
By completing this form, I/we authorize Capital BlueCross and its subsidiary, Capital Advantage Insurance Company®, and the financial institution named below, to deduct the amount of the premium for health care coverage from my/our account on the designated day and transfer such amount directly to Capital BlueCross. If the designated day is a holiday, the premium payment will be deducted on the next business day. I/we agree to maintain sufficient funds in the account to permit these deductions. If the account does not have sufficient funds at the time of transfer, I/we understand that my/our Capital BlueCross health care coverage may be canceled.

Please Check One     Enroll in Check It Out Automatic Withdrawal Program     Change Bank Account Information     Cancel Check It Out Program

## Subscriber Information (Please Print)

Subscriber's Full Name		Identification Number (as it appears on your ID card) (    )	
Street Address		Daytime Telephone Number	
City	State	ZIP Code	
Authorized Signature		Date	

Is this a new address?     Yes     No



## Financial Institution Information (Please Print)

Please Check One     Checking Account     Savings Account

Name of Financial Institution		ABA Number	
Name on Bank Account		Bank Account Number	
Signature of Capital BlueCross Subscriber			

Signature (if joint account)	Date	Signature (if account is other than subscriber's)	Date
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Please note: Notification of premium changes will be sent to the subscriber only.

**Important:** Please include a blank check marked "VOID" showing your preprinted account number if using a checking account.

**Return to Capital BlueCross.**



# Capital BlueCross