



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

Automatic Payment Authorization Form

YES! I authorize Wellmark Blue Cross and Blue Shield of Iowa and/or Wellmark Health Plan of Iowa, Inc. and US Able Life (if applicable) to make automatic withdrawals from the account shown on the enclosed **voided check** or **deposit slip** in the amount of my periodic premium payment and service fee, if applicable, as they may be adjusted from time to time.

My authorization for free* automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless I call or provide my bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If I call my bank to stop payment, I may be required to provide a written request within fourteen (14) days after my call. I will be responsible for any service fee assessed by my bank for stop-payment orders that I make.

* A service fee will apply to Short Term Major Medical policies. This is a free program for all other policy types.

If you have never had automatic payments with Wellmark, I will be notified when my request has been processed and automatic payments will begin. If I have had automatic payments with Wellmark and am simply updating the information on file, I will not be notified that my request has been processed.

I may cancel my automatic payment or provide new/updated banking information any time by notifying Wellmark in writing by the 10th of the month prior to your next scheduled withdrawal. ***If my request is not received by the 10th of the month prior to my next scheduled withdrawal, I will be responsible for any fee assessed by my bank for insufficient funds.***

If I miss the 10th of the month deadline, to stop a payment on your next scheduled withdrawal, I must notify my bank no less than three (3) business days before the next scheduled withdrawal. ***I will be responsible for any fee assessed by my bank for stop-payment orders that I make.***

If at any time my account falls behind in payments, I understand Wellmark reserves the right to withdraw any amount necessary to bring my account current with the next regularly scheduled automatic payment. Wellmark will not withdraw any amount above that which is due at the time of withdrawal; notice may not be provided to me prior to said withdrawal.

I understand that, if my premium payment is for COBRA continuation coverage, my payment frequency must be monthly. All other policy types may have different payment frequency options available to them. This authorization supersedes and replaces any previous authorization given by me for automatic premium withdrawal.

Bank Account Holder's Signature X _____ Date X ____/____/____

Please complete both sides of this form - Failure to complete and return both pages will result in delays

Return **both pages** of this completed form via fax to 515-376-9063 or mail **both pages** to:

Wellmark Blue Cross and Blue Shield of Iowa
PO Box 9232, Station 4W688
Des Moines, IA 50306-9232

Automatic Payment Authorization Form

(Continued)

Select a payment frequency*:

Monthly Quarterly Semi-Annually Annually

*COBRA premiums will be set as monthly even if another frequency is selected

Select the day of the month:

1st of the month 5th of the month

(Note: If applicable, USABLE Life withdraws on the 4th of the month)

Financial Institution Name: _____

Bank Account Holder's Name: _____

Billing Address: _____

Checking Savings State Code*: _____

Routing #*: _____ Bank Account #*: _____

*Not sure where to find this information? Please see the box below for an example.

Member's Name: X _____ Member's Wellmark ID: X _____

Checking (TAPE voided check in this box) Savings (TAPE voided deposit slip in this box)

| | | |
|--|------------------|--------------------------------|
| Jane Doe 1234 Any Street Anytown, US 12345 | | 2001-91 (STATE CODE) - (72) |
| PAY TO THE ORDER OF _____ \$ _____ | | _____ 20 _____ |
| _____ DOLLARS | | |
| ANYTOWN BANK | | |
| Memo _____ | | |
| (123456789) | (0987654321) | (1234) |
| (ROUTING NUMBER-9 DIGITS) | (ACCOUNT NUMBER) | (CHECK NUMBER) |

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Questions?

Visit www.wellmark.com or call Customer Service at the number listed on your Wellmark ID card