Regence

Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

IDAHO SUREPAY AUTHORIZATION

Member Name _____ Member ID Number _____

SUREPAY is a simple and convenient way to keep your health coverage in force. If you select the SUREPAY option of paying for your Regence BlueShield of Idaho health insurance the payment will be deducted automatically on the draft date noted below. This will provide several advantages to you:

- Your payment will always be made on time (if funds are available in your account).
- You won't have to worry about your coverage accidentally lapsing due to overlooked payments.
- Your monthly bank statement will show a withdrawal notation. This will serve as receipt of payment.
- Claims will be paid promptly due to your policy always being paid current.

GETTING STARTED IS EASY by mail or phone:

1. **Complete**, date and sign the authorization below.
2. **Write** "void" on one of your checks and return the completed form and your "voided" check (not a deposit slip) *OR*
3. **For your convenience,** you or the Bank Account Holder (if someone other than yourself is paying the premium) may also contact our office at 1 (800) 632-2022 to set up SUREPAY over the phone.

SOME SUGGESTIONS:

If you change your bank, wish to cancel your automatic deduction or make changes to your current policy:

- Requests must be received 15 days before your next premium is due.
- When changing your bank, send us a copy of your new "voided" check and a note explaining that you have changed banks or have the Bank Account Holder contact our office and we can make this change by phone. We suggest you leave enough money in your old bank account to cover your payment in case there is a delay in processing this change.
- Changes to your policy may result in an increase or decrease in premium.

Surepay withdrawal will occur between the 5th and 7th of each month. Alternate draft dates are not available.

Please Note - Any policy changes received within 15 days of withdrawal date may not be reflected until the next months SUREPAY withdrawal.

SUREPAY AUTHORIZATION

1. **Complete** and sign this authorization form. **2. Attach** your voided check (**not** a deposit slip).
3. **Return** to Regence BlueShield of Idaho (PO Box 1106, Lewiston, ID 83501) *OR*
4. **For your convenience,** you or the Bank Account Holder (if someone other than yourself is paying the premium) may set up SUREPAY by contacting 1 (800) 632-2022 or if you selected the Surepay Option on your application, you may also receive a call from our office.

AUTHORIZATION TO MY BANK

☐ Checking Account ☐ Savings Account

As a convenience and on behalf of the Account Holder identified below, I/we hereby request and authorize you to pay and charge to the account identified below, checks or electronic debits drawn on the account by and payable to the order of Regence BlueShield of Idaho, Lewiston, Idaho. I/we agree that your rights to each such check or electronic debit shall be the same as if it were an actual check drawn on you and signed by me/us. This authority is to remain in effect until revoked by me/us in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring any such check. I/we further agree that if any checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Financial Institution	Transit/Routing Numbers	Account Number

Account Holder's Name (please print)

▶ _____

Account Holder's Authorized Signature(s) - as it appears on bank records

Date

FORM 4571ID (1/08)