Automatic Payment Authorization Agreement

An easier way to pay your premium.

BlueRx℠
A Medicare Approved Part D Plan

Automatic Premium Payment from BlueRx(PDP) is a convenient, no-cost option to pay your premiums electronically and avoid mailing payments each month. Options for setting up automatic payments from your **checking account**, **debit card** or **credit card** are listed below:

Checking account — 2 Ways To Set Up

1 **By Phone** – Call the Customer Service number on the back of your member identification card.

2 **By Mail** – Complete and mail this form along with a blank, voided check to the address listed below.

E-Check Recurring Payment — Authorization Agreement for Blue Cross and Blue Shield of Alabama

Automatically deducts premiums from your checking account on or after the 1st day of each month. *Complete, sign and mail this agreement.* **Also include A BLANK, VOIDED CHECK**

Contract Holder's Name (please print)	Phone (___)-___-____
Blue Cross and Blue Shield Contract No. (if applicable)	
Bank Name (or financial institution)	
Account Number	Routing Number

I authorize Blue Cross and Blue Shield of Alabama to initiate premium deductions from the checking account and the named bank (or financial institution) specified above to charge such deductions to my account in accordance with the terms and conditions listed on the reverse side of this agreement. Payment will be drafted on or after the 1st day of each month. I acknowledge that the amount of my premium may change. I certify that I am an authorized signer/owner of the above account.

Signature	Date __-__-____

Debit or Credit Card — 1 Way To Set Up

1 **By Phone** – Call the Customer Service number on the back of your member identification card.

NOTE: *Please* ***DO NOT*** *return this form with your bankcard number.*

If application for healthcare coverage is not included, please mail the form to:

Payment Processing Department
450 Riverchase Parkway East
P. O. Box 2768
Birmingham, Alabama 35202

The Provisions Under This Agreement

The authority granted to automatically draft funds from or charge my account remains in effect until Blue Cross and Blue Shield of Alabama and the applicable bank (or financial institution) receive written notification from me of its termination in such a time and manner as to give Blue Cross and Blue Shield of Alabama and the bank a reasonable opportunity to act on it (30 days).

I have the right to stop payment of a fee deduction by notification to the bank in time to give the bank a reasonable opportunity to act on my request prior to charging my account. After my account has been charged, I have the right to have the amount of an erroneous deduction credited to my account by the bank, provided I send written notice of such erroneous deduction to the bank within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Important

Premiums for all plans are due monthly. E-Check Recurring Payments can only be set up for personal checking accounts. Please allow 30 days to process your request, and continue paying your premium until notified that you are set up for automatic payments and the date your first payment will be deducted. The deduction is handled through the Federal Reserve Banking System and the debit will appear on your monthly statement. If your contract becomes past due for any reason, we reserve the right to cancel your automated monthly payments and begin mailing a monthly billing statement to the address on your contract. Our payment policy requires contracts to be paid current in order to remain on monthly automated payments.

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-630-6823 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-630-6823 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意：如果┌使用繁體中文, ┌可以免費獲得語言援助服務。請致電1-855-630-6823（TTY: 711）。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-630-6823 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-630-6823 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-630-6823 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-630-6823 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-630-6823 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. 1-855-630-6823 પર કૉલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-630-6823 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। 1-855-630-6823 (TTY: 711) पर कॉल करें।

Laotian: ໂປດຊາບ: ຖ້ອ່າ ທ່ານເວ ົ້າພາສາ ລາວ, ການບລ ໍ ິການຊ ່ວຍເຫ ຼ ືດ ້ານພາສາ, ໂດຍບ ່ ເສ ັ ຽ ຄ ່ າ, ແມ ່ ນ ່ ມ ີ ໃ ຫ ້ ທ ່ ານ. ໂທ ຣ 1-855-630-6823 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-630-6823 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-630-6823 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-630-6823 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-630-6823 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-630-6823 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-630-6823（TTY: 711）まで、お電話にてご連絡ください。