



Authorization Agreement for Automatic Payments

MyBlue MedigapSM

Our automatic payment plan offers the convenience of paying your health care premium automatically from your bank account. No need to write checks, mail payments or worry about late payments. To participate, simply fill out and mail in this enrollment form. Please include a blank, voided check or a deposit slip from your designated account for verification. If you bank online, enter your account number and bank routing number.

Your name		
Address		Phone ()
City	State	ZIP
Authorization for automatic payments		
<p>I hereby authorize Blue Care Network, hereinafter called BCN, to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my BCN contract. This authority will remain in effect until I notify you, or the bank listed below, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Bank name		Branch
City	State	ZIP
Account type <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account		
Bank account number		Bank routing number
Account holder name		Date

Withdrawals will occur on the fifth day of each month. We will send you written notification of the date your automatic payments begin. Keep a copy of this application for your records.

Mail this form and your voided check or deposit slip to:

Blue Care Network of Michigan
P.O. Box 5043 — MC C411
Southfield, MI 48086-5043

Blue Care Network use only		
Member's contract number	Process date	Effective date
Processed by		