

Authorization Checklist

Be Sure to:

- Clearly print the insured's name and Wellmark Blue Cross and Blue Shield of South Dakota's ID number.
- Indicate your preferred payment frequency.
- Sign and date the authorization form.
- Include payment for your currently due amount.
- Enclose a voided check or deposit slip showing a pre-printed account number, your name, and the name and address of your financial institution.

Any changes in your premium will automatically be deducted from your designated account. You are responsible for monitoring these changes.

You may cancel your Automatic Account Withdrawal by notifying us in writing at least 20 days before your next scheduled withdrawal. To stop payment with less than 20 days notice, you must notify your bank no less than 3 business days before the next scheduled withdrawal. You will be responsible for any associated fees from your bank.



Be
SMART.
Selective.

Return Your Form to:

Wellmark Blue Cross and Blue Shield of South Dakota
1601 West Madison Street
PO Box 5023, Station 338
Sioux Falls, SD 57117-5023

1-605-373-7292

www.wellmark.com



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There is an
Easier Way to Pay

Put Away Your Calendar, Pen,
Checkbook, Envelope, and Stamp.

Authorization for Automatic Account Withdrawal

(Please return this authorization form with your payment)



YES! I authorize Wellmark Blue Cross and Blue Shield of South Dakota and USABLE 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, as they may be adjusted from time to time.

My authorization for 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 fee assessed by my bank for stop-payment orders that I make. This authorization supersedes and replaces any previous authorization given by me for automatic premium withdrawal.

Insured's Name _____

Insured's Identification Number _____

Payment Frequency (check one)

Monthly

Quarterly

Semi-Annually

Annually

When do you want withdrawals taken from your account? (check one)

1st of the month

5th of the month (if applicable, USABLE Life withdraws on the 4th of the month)

What type of account is this?

Checking

Savings

1. Will premiums be paid through a business account?

Yes

No

2. If submitting a business check, are there any other employees besides you?

Yes

No

If yes, premiums cannot be withdrawn from this business account. You must submit personal account information.

3. Will your premium payment for this coverage be deducted on your federal income tax return other than the special health insurance deduction available to self-employed persons?

Yes

No

If yes, premiums cannot be withdrawn from this business account. You must submit personal account information.

Account Signature(s)*

X _____

X _____

Date _____

*If Power of Attorney or Legal Guardian, please include a copy of those documents.

Wellmark Blue Cross and Blue Shield of South Dakota must receive your signed authorization at least 20 days before your next payment is due in order to start the first automatic withdrawal. If your account balance is not sufficient to pay your premium we will notify you of the amount due to continue your coverage.

Wellmark Blue Cross and Blue Shield of South Dakota reserves the right to implement premium rate increases regardless of your Payment Frequency choice. Whether you choose to pay monthly, quarterly, semi-annually, or annually, premium rate increases will be applied as determined by Wellmark.

For example, if you pay semi-monthly, you may have to make an additional premium payment to Wellmark for any increase in premium rate applicable for the semi-monthly period for which you previously made a premium payment.

Why Consider Automatic Account Withdrawal?

No checks to write. No stamps to buy. No trips to the mailbox. Just tell us the checking or savings account from which you want your premium payment withdrawn, and your payments are made to us automatically—just as though you had written us a check, minus the time and bother.



It's Convenient

You choose when you want to pay—monthly, quarterly, semi-annually or annually. Your premium will be paid on the first or fifth of the month when a payment is due.

It's Dependable

Your payment always arrives on time—even when you're away on business or pleasure, or just too busy to write and mail checks. The statement from your financial institution shows the withdrawal and serves as proof of payment.

It's Easy

Just fill out and sign the attached authorization form, attach a voided check or pre-printed deposit slip for the account, and return them to us with your next payment.

It's Free

In fact, you save the cost of postage, and so do we. A service fee applies to Short-Term Major Medical policy.

If you are not interested in automatic account withdrawal, but are interested in changing your current billing option, please call our Customer Service Department at the number listed on your Wellmark ID card or visit www.wellmark.com.