



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield
Email: CPSS_DLQ@REGENCE.COM
Fax: (253) 382-7114

GROUP AUTO PAY AUTHORIZATION

Auto Pay is a simple and convenient way to keep your company's health coverage in force. If you select the Auto Pay option of paying for your Regence BlueShield services, the payment will be deducted automatically from your account on the 5th of the month. 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 employees' coverage accidentally lapsing due to overlooked payments.
Your monthly bank statement will show a withdrawal notation which is your receipt of payment.

GETTING STARTED...

- 1. Complete, date and sign the authorization below.
2. Return this completed form.

Once Auto Pay is active, funds will automatically be deducted from your account on the designated draft date.

If you change your bank or wish to cancel your automatic deduction.

- 1. Just send us a newly completed Group Auto Pay Authorization form and a note explaining that you have changed banks or update your banking information via the Employer Center.
2. Do this at least 5 business days before your next payment is due. We suggest you leave enough money in your old bank account to cover your payments in case there is a delay in processing the change. Please contact Group Accounts Receivable at (888) 232-5545 to proceed with canceling your automatic deduction or cancel via the Employer Center.

When selecting Auto Pay, you are agreeing to pay each current month's charges. They will be deducted from your bank account on the 5th of each month.

If your group has multiple billing locations:

- Authorization applies to the following billing location(s) / subgroups
Authorization applies to all billing locations / subgroups.

Please Note - The billing invoice is created prior to the payment date and may take up to 7 business days for the withdrawal to show from your account. Any changes to your company's eligibility roster made after the billing invoice is created will not be reflected in that month's payment amount.

If a group is determined to be ineligible at renewal, their Auto Pay withdrawal will be cancelled in the month prior to their renewal date. However, if the same group becomes eligible for renewal, the Group Administrator will work with Regence Membership Accountant to have the Auto Pay draft reinstated. This process could take up to two billing cycles. Prior to being reinstated on Auto Pay the group will have to submit payment manually.

AUTO PAY AUTHORIZATION

- 1. COMPLETE and sign this authorization form.
2. RETURN via email to: CPSS_DLQ@REGENCE.COM Or Fax: (253) 382-7114

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. 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 or via Employer Center, 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.

Account Name (as it appears in the upper left-hand corner of your check)

Financial Institution

Transit/Routing Numbers

Account Number

Group Number input field

Group Number

Subgroup input field

Subgroup

- to -

Subgroup input field

Subgroup

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

Account Holder's Name (please print)

Group Name (please print)

Date

