

Blue Cross and Blue Shield of Minnesota, Blue Plus, Blue Cross Dental, and Blue Cross Vision

Electronic Funds Transfer

Simplify your monthly bill-paying routine

Electronic Funds Transfer is:

Simple and convenient. With electronic funds transfer, your payment is withdrawn automatically from your bank account every month. The funds are drawn on the due date listed on your invoice.

Worry-free. With Electronic Funds Transfer, you never have to worry about late payments, and your employees never have to worry about gaps in their coverage.

Safe. You are safeguarded by a written agreement that describes every transaction. You can plan your investments to keep your money working for you up to the time of transfer.

Economical. Electronic Funds Transfer eliminates check-writing costs and saves you time, protects your credit record because payments will never be missed or late; and keeps your administrative costs low.

Questions?

Contact our Billing Representatives at (651) 662-0088, toll-free TDD 1-888-878-0137 or by emailing membership.service.line@bluecrossmn.com. You can also contact your Blue Cross representative.

Client Electronic Funds Transfer (EFT) Premium Payment Program

To get started

- Complete the Client EFT Premium Payment Program Enrollment Form.
- Include a voided check or a savings deposit slip for the account from which the funds should be drawn. Do not staple.
- Mail or email the completed form with your voided check or savings deposit slip to the address or email address below.
- You will receive a letter advising when EFT will begin. Please continue to make payments until you are notified.

Terms and Conditions

By completing, signing, and submitting this Enrollment Form, you acknowledge that you have read, understand, and agree to the following Terms and Conditions:

- You are authorizing Blue Cross and Blue Shield of Minnesota, Blue Plus, Blue Cross Dental, and/or Blue Cross Vision (collectively “Blue Cross”) to electronically debit the bank account set forth below, at the depository financial institution set forth below, for such amounts owed under the indicated Plans (the “Authorization”).
- Payments under the Authorization will occur on each invoice due date using the banking information provided on this Enrollment Form. The amount debited may change in accordance with your agreements with Blue Cross, and you authorize Blue Cross to charge such amount(s) without further notice.
- You must continue to pay your Blue Cross premiums as usual until you are notified that the automatic debits made under your Authorization are beginning.
- ACH transactions must comply with all applicable law, rules (such as NACHA rules) and regulations. NACHA is the National Automated Clearing House Association that administers and governs the ACH Network. The information you provide in this Enrollment Form, including the Authorization, will be validated in accordance with NACHA rules prior to debiting your designated bank account.
- Your Authorization will remain in full force and effect until you either:
 - notify Blue Cross, in writing, at Blue Cross and Blue Shield of Minnesota P.O. Box 982801, El Paso, TX 79998–2801, that you wish to revoke the Authorization, or
 - revoke the Authorization by deleting the applicable account in the eBill System.

Blue Cross requires at least 14 days of prior notice to cancel the Authorization.

- The Authorization incorporates by reference all other agreements with Blue Cross, including without limitation the eBill Terms and Conditions and all documents related to your insurance coverage.
- Blue Cross may access a consumer report and share information with GIACT Systems, LLC to validate the designated bank account in your Authorization.
- Both the depository financial institution designated in your Authorization, and Blue Cross, reserve the right to terminate this payment program and/or your participation in this program.

Client EFT Premium Payment Program Enrollment Form

Client Details

Client and Group number(s) _____

Name of company enrolling _____

Name and title of signatory(ies) _____

Email Address _____

Mailing address (street, city, state, zip) _____

(Contact email and mailing address will only be used in the event of an adverse banking notification and will not be used for billing purposes)

Bank Details

Bank name _____

Bank Routing (ABA) number _____

Bank account number _____

This is a: Checking Account OR Savings Account
Business Account OR Personal Account

If **Business** account, provide the company name as shown on bank account

If **Personal** account, provide the following: first name, last name and date of birth of account holder

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I hereby authorize Blue Cross to initiate debit entries to the deposit account designated above, at the financial institution ("Financial Institution") named above, using the Automated Clearing House ("ACH") or other payment transfer service chosen by Blue Cross from time to time, for payments due to Blue Cross on the Blue Cross plans indicated.

X _____ Date _____
Signature

X _____ Date _____
Signature (if bank account requires two signatures)

Mail completed form to: **Blue Cross and Blue Shield of Minnesota, P.O. Box 982801, El Paso, TX 79998-2801**

Email completed form to: **Incoming.Service.Center@bluecrossmn.com**

*If you are a new Blue Cross Blue Shield of Minnesota client, please submit this form to your Sales Implementation Analyst.