

Automated Payment Option

Paying your monthly health insurance premium is now fast, simple, and easy. With BlueShield of Northeastern New York's automated payment option, your monthly premium is paid automatically; you never write a check. All you need to do is authorize your bank to pay your premiums through your checking or savings account.

FAQs

What bank accounts qualify for the automated payment option?

Any account that permits checks or drafts to withdraw funds. This includes checking or savings accounts at a bank or savings and loan institution.

What happens if I change banks?

Just complete a new authorization form to change the automated payment option to reflect your new bank. Please ensure sufficient funds are in your existing account until notified of the bank change on your premium statement.

Can I enroll in the automated payment option if someone else pays my premiums?

Yes. The person who pays your premiums should complete steps 1-4 on the next page and attach a voided check from their account.

How do I cancel the automated payment option?

Send us a written notice. We'll change your payment method and begin billing you directly. Please include your identification number, signature, and date on your written cancellation request. To avoid any interruption in payment, please send your request at least 30 days before your premium is due.

Will I still receive a premium bill when payment is being made automatically?

Yes. You will continue to receive your monthly premium statement.

When will my premium payment be deducted from my account?

After you are enrolled in the automated payment option, your bill will contain a statement confirming your enrollment. This statement will also include the date your premium will be deducted from your account. Please make sure that sufficient funds are in your account on the withdrawal date to avoid the possibility of termination for non-payment.

If you have any questions, please call us at 1-855-344-3425.
We're available Monday-Friday, 8 a.m. to 8 p.m.



BlueShield
of Northeastern New York

Steps to enroll:

1. Verify that your financial institution can accept automated electronic withdrawals.
2. Complete, sign, and return this form to:
BlueShield of Northeastern New York
Attn: AR Billing
P.O. Box 5204
Binghamton, NY 13902-5204
Be sure to check the new enrollment or bank change box below.
3. Attach a voided check from the account where funds are to be withdrawn. This will ensure accuracy of your bank account information and speed up processing of your application. Starter checks will not be accepted.
4. Continue to pay your bill by check until your automated payment status is confirmed on your bill.

New enrollment Bank change

| | | | |
|--------------------------------------|----------------------|----------------------------|--|
| Subscriber ID | | Group number | |
| <input type="text"/> | | <input type="text"/> | |
| Name | | | |
| <input type="text"/> | | | |
| Address | | | |
| <input type="text"/> | | | |
| City | State | ZIP code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Bank or financial institution | | | |
| <input type="text"/> | | | |
| Bank routing number | | Bank account number | |
| <input type="text"/> | | <input type="text"/> | |

I authorize BlueShield of Northeastern New York to charge the designated bank account as noted. This authorization pertains only to the subscriber identification number referenced above and its corresponding premium payments. I understand that all contract provisions listed in my subscriber contract regarding timely payment of premiums continue to apply. I further understand that I am responsible for ensuring that there are adequate funds in my account to cover the monthly premium payment. This authorization remains in force until I notify BlueShield in writing of termination.

| | |
|-----------------------------------|----------------------|
| Account holder's name | Date |
| <input type="text"/> | <input type="text"/> |
| Account holder's signature | |
| <input type="text"/> | |