

MHIP
Maryland Health Insurance Plan

Automatic Debit Plan

The way to pay your premiums...

It's convenient and free!

CareFirst 
BlueChoice.

CareFirst 
BlueCross BlueShield

Automatic Debit



Five Good Reasons to Sign Up Now

- **Automatic Debit is convenient and saves you time and money.** You no longer have to write checks and pay for postage.
- **Automatic Debit helps you budget your premiums.** You can conveniently keep an eye on your budget and statements.
- **Automatic Debit provides excellent record keeping.** Your monthly bank statement helps keep track of all your premiums.
- **Automatic Debit gives you peace of mind.** There's no need to worry about forgetting to mail your payment or missing a bill.
- **Automatic Debit is absolutely free.** As a MHIP customer, you can enjoy the convenience of Automatic Debit at no additional cost.

How Do I Sign Up?

Simply complete the attached Automatic Debit authorization form and mail it to us. Your monthly charge will automatically take place on the 25th day of each month prior to your coverage month.

For example, you will pay your monthly premium on May 25 for coverage in June. Please be sure to include a blank check marked "Void" along with your authorization form so that we can notify your bank.

If you're applying for MHIP coverage, attach your Automatic Debit authorization form along with a voided check to your application for medical coverage, and return them together.

Important: It will take four weeks for your Automatic Debit authorization to be processed. Once your application for medical coverage has been processed and approved, you will receive a bill in the mail. When you receive your first bill, you must pay it and send in your payment. It is very important that you pay this bill on time in order to keep your coverage in effect. We will notify you in writing when your monthly Automatic Debit payments will begin. Until that time, please pay any bills you receive.

What Else Do I Need To Know?

If there are any changes to your bank or checking account, please let our Customer Service Representatives know right away so that your Automatic Debit option can continue without interruption. If, for whatever reason, you would like to discontinue Automatic Debit, simply call or write us. Your request will take 2 weeks to process. If your account has insufficient funds available to pay the premium amount due, you will receive a double bill the next time along with a letter advising you that if you have one more non-sufficient funds draft, you will be terminated from the program.

To elect the Automatic Debit monthly payment option, just complete and mail the attached authorization form. You will receive an invoice monthly. You do not need to send a check (except for the first month's premium) unless advised in writing.

Please fill out the Automatic Debit Authorization Form and return today.

AUTOMATIC DEBIT PLAN AUTHORIZATION FORM

Yes, I'd like to enroll

(Please Print)

Date _____

Policyholder Name _____

Address _____

Telephone _____

Subscriber Identification Number _____

CHOOSE PREFERRED AUTOMATIC DEBIT OPTION

Checking Account Option

Bank Name _____

Bank Address _____

Account Number _____

Authorized Signature _____

Date _____

Important: Please attach a blank check marked "Void" showing your pre-printed account number. Failure to provide a copy of your voided check will result in a delay in your Automatic Debit application.

The completed form must be returned to: Collections Unit/
Automatic Debit, MHIP c/o CareFirst BlueCross BlueShield,
840 First St. NE, Washington, DC 20065

I (We) hereby authorize MHIP/CareFirst BlueCross BlueShield to
initiate entries to my/our checking account indicated above and the
Financial Institution named above to debit the same to such account.

MHIP/CareFirst BlueCross BlueShield will complete the debit
transaction only if a voided check containing this information is
attached. This authority is to remain in full force and effect until
the Financial Institution has received notification from either party
of its termination in such time and such manner as to afford the
Financial Institution reasonable time to act on it. A customer has
the right to stop payment of a debit card entry by notification to
MHIP/CareFirst BlueCross BlueShield and the Financial Institution
prior to charging the account. After the account has been charged,
a customer has the right to have the amount of any erroneous
amount immediately credited to the customer's account by the
Financial Institution up to 15 days following issuance of statement
or 45 days after posting, whichever occurs first.

In case of errors or questions, write to MHIP c/o CareFirst
BlueCross BlueShield at the following address:

Collections Unit/Automatic Debit
MHIP c/o CareFirst BlueCross BlueShield
840 First Street, NE
Washington, DC 20065

By signing below I acknowledge that I have read
and understand this authorization.

Policyholder Signature

Date

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and
Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are
independent licensees of the Blue Cross and Blue Shield Association.
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What is Automatic Debit?

In a word: *convenient*

Automatic Debit lets you pay your premiums automatically. Simply authorize us to withdraw the amount due from your checking account. What's more, Automatic Debit allows you to automatically pay your premiums on a monthly basis. And, Automatic Debit is free.

MHIP

Maryland Health Insurance Plan

*Administered by
CareFirst BlueCross BlueShield
and CareFirst BlueChoice, Inc.*

CareFirst  
BlueChoice

CareFirst  
BlueCross BlueShield

840 First Street, NE
Washington, DC 20065

www.carefirst.com

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