

ZipCheck® —

Paying your monthly premium

just got easier!!

Independence Blue Cross now has a way for you to pay your monthly Plan premiums. ZipCheck is an electronic system that quickly and automatically pays your Plan premium bills for you, month after month. Once you sign up for ZipCheck, you'll never have to write checks for Plan premium bills again!

It doesn't take much time.

Once you sign up for ZipCheck, each payment will be automatically deducted from your checking or savings account. With ZipCheck, you'll never be bothered with remembering to pay your bills. ZipCheck takes care of it for you even when you're away on vacation.

ZipCheck is free!

ZipCheck is absolutely free. There are no sign-up fees, no charges per transaction, and you'll save money on postage.

How do I qualify for ZipCheck?

In order to qualify for ZipCheck, your premium must be paid current. If you are unsure of this amount, or if you have any questions or concerns, please contact our Billing Department at **(800) 444-6290** or **(215) 567-2940**. Our office hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.

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Authorization Form *(Please fill in reverse side.)*

Payment Authorization

I authorize my bank or savings institution to make payments to Independence Blue Cross from the account listed below. I understand this authorization may be revoked by me at any time, by written notification, to discontinue my automatic payment. I (we) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, my (our) ZipCheck Electronic Account will be cancelled and I (we) will be billed through the postal service (regular mail). All Plan termination notices should be sent to: Independence Blue Cross, Billing Department, P.O. Box 13828, Philadelphia, PA 19101-3828.

Signature _____ Date _____

Signature (if joint account) _____ Date _____

Signature of Independence Blue Cross Policy holder _____ Date _____
(if not bank account holder)

Sign up for ZipCheck.

It's easy to sign up for ZipCheck. Just complete the authorization form below and send it along with a voided check or deposit slip to the address noted below. Upon confirmation of your information and account status, the ZipCheck program may begin as early as next month. Please wait for written confirmation that you are enrolled in the program before you stop paying your bill by check.

Please submit all ZipCheck applications and cancellation requests to:

Independence Blue Cross
Billing Department
P.O. Box 13828
Philadelphia, PA 19101-3828



**Independence
Blue Cross**

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—
independent licensees of the Blue Cross and Blue Shield Association.

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Authorization Form *(Please fill in reverse side.)*

Payment Authorization

Return this form with a voided check or deposit slip to the address listed above. Only use one form per applicant. I understand this authorization may be revoked by me at any time by written notification to discontinue my automatic payment.

Name	
Member ID #	Phone #
Financial Institution	
Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Statement Saving (no passbooks)
ABA #	