

The worry-free way to pay your bills.

Take advantage of convenience, security, and savings with our Automatic Payment Option (APO)/ Electronic Fund Transfer (EFT).

Convenience – Have your premium automatically withdrawn from your checking or savings account monthly. You'll never have to worry about missing a payment.

Savings – You'll save time, postage, and trips to the mailbox.

Security – Only you can authorize the APO/EFT. Plus, you can ensure your payment won't get lost in the mail.

Easy Enrollment

1. Complete the attached Authorization Form. If you have a joint account that requires two signatures, both individuals must sign the Authorization form.
2. Attach a voided check from your checking, savings, or credit union account or a savings account deposit slip, if the form on the reverse is accurate. Withdrawals cannot be made from a mutual fund brokerage or passbook account.
3. Complete the Authorization Form and enclose your voided check or deposit slip and return it to the address below.

Florida Blue Medicare
Medicare Advantage Membership and Billing Department
PO Box 45296
Jacksonville FL 32232-5296

Here's how it works:

When you enroll in the APO/EFT, we'll deduct your premium on the date it is due. **Exception:** If your due date is the 1st, your payment will be deducted on the 3rd.

Please allow up to four weeks for completion of the automatic deduction set-up process.

If you receive a bill during this time, please pay it as you normally would. Your records will be updated to include the payment.

Automatic Payment Option (APO)/Electronic Fund Transfer (EFT) Authorization Form

Please attach voided check or savings account deposit slip.

_____ H _____
Member Name **Member ID Number** (numeric portion only)

Is the Account Holder the same as the Applicant? () Yes () No

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ **State:** _____ **Zip:** _____

Account Holder Name: _____

Account Holder Address: _____

City: _____ **State:** _____ **Zip:** _____

Bank routing number: _____

Bank account number: _____

Account Type: () Checking () Savings

I/We hereby authorize Florida Blue or Florida Blue Medicare to initiate debits to, and the financial institution identified above to debit that amount to, my/our account indicated. This authority will remain in effect until canceled by me/us or the financial institution identified, with my/our consent. I/We understand that by revoking the Automatic Payment Option/Electronic Fund Transfer for payment of my/our health care and/or prescription drug coverage, my/our billing will revert back to monthly billing of premiums. This authorization is automatically revoked upon cancellation of my/our coverage. I may revoke the Automatic Payment Option/Electronic Fund Transfer by notifying you and my financial institution 15 days prior to the date my premium is due.

Account holder signature: _____

Account holder signature: _____

Signatures required for all parties listed on the account.

If the applicant and the account holder are not the same, you may be asked to provide legal documentation of the account holder's authority to initiate recurring payments from this account (i.e., voided check, letter from financial institution, etc.). During this time, please remit payment for any paper bills you may receive.

Please contact our Member Services number at 1-800-926-6565 for additional information. TTY users should call 1-800-955-8770. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

You may revoke the Automatic Payment Option/Electronic Fund Transfer by notifying us and your financial institution 15 days prior to the date your premium is due.