



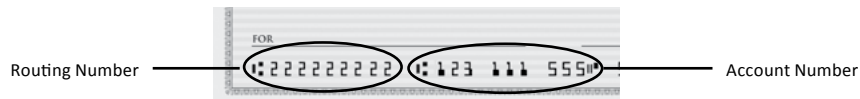
1 Cameron Hill Circle
 Chattanooga, TN 37402
 bcbst.com

CONFIDENTIAL

Authorization for BlueCross BlueShield of Tennessee to Accept Bank Draft Payments for Health Insurance Marketplace Premiums

You may also sign up for Bank Draft Payments through bcbst.com

| | | |
|--|----------------------|-------|
| SUBSCRIBER NAME: | | |
| SUBSCRIBER ID NUMBER OR SOCIAL SECURITY NUMBER: | | |
| DAYTIME PHONE NUMBER: | | |
| NAME OF BANK: | | |
| CITY: | STATE: | ZIP: |
| BANK ROUTING NUMBER: | BANK ACCOUNT NUMBER: | |
| NAME ON BANK ACCOUNT: | | |
| TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | |
| SIGNATURE(S) OF BANK DEPOSITOR: <small>(Sign Exactly as Name Appears on Bank Records)</small> | | DATE: |



I authorize BlueCross BlueShield of Tennessee to draft the checking or savings account listed above for payment of health insurance premiums related to the subscriber ID/policy identified on this form. I agree that BlueCross BlueShield of Tennessee's rights for each such draft will be the same as if it were a check made payable to BlueCross BlueShield of Tennessee and signed by me. This authorization is valid until I provide written notice of cancellation to BlueCross BlueShield of Tennessee. I further agree that if any draft is dishonored, with or without cause, whether intentionally or inadvertently, BlueCross BlueShield of Tennessee will have no liability even though such dishonor may result in the cancellation of health coverage.

You will receive confirmation when your automatic bank draft payment goes into effect. If you get a paper bill or email notification indicating you can view your billing statement online before your bank draft payment is confirmed, please return payment as requested.

Please fax all correspondence about Automatic Bank Draft Payment to **(423) 535-1308** or mail to:

BlueCross BlueShield of Tennessee
 Individual Membership Services
 1 Cameron Hill Circle Suite 0033
 Chattanooga, TN 37402-0033

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You may cancel your automatic bank draft any time by sending us written notice to the address above. To avoid a disruption in coverage, please send your request at least two weeks before your premium is due. If you have questions about your bank draft, please call **1-855-484-0282**.

If you lose your coverage because of non-payment, you will need to wait to get coverage until the next Open Enrollment period or have a qualifying event (such as the birth or adoption of a child, marriage, divorce, etc.) before you may enroll in a new plan.

For TDD/TTY help call **(800) 848-0299**.

Spanish: Para obtener asistencia en Español, llame al **(800) 565-9140**

Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **(800) 565-9140**

Chinese: 如果需要中文的帮助, 请拨打这个号码 **(800) 565-9140**

Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' **(800) 565-9140**

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace

PD-53 (10/15) Marketplace Bank Draft Authorization Form