

Your Opportunity to Improve Efficiency and Peace of Mind

Anthem introduces Electronic Funds Transfer (EFT), a better way to do business. With EFT, your billed premium is automatically withdrawn from your account on the banking day of the due date on your bill, ensuring that your employees receive the uninterrupted claim payment service they count on. By signing up for this **FREE** service today, you get increased administrative efficiency and the peace of mind that comes with knowing your monthly premium is paid on time, every time.

EFT Efficiencies

Uninterrupted claim payment and coverage

Automatic payments eliminate potential interruptions in coverage.

Reduced paperwork

Fill out one simple form to end weekly check requests and possible mail delays.

Quick and easy sign-up

Complete the EFT Authorization Form on the reverse side and mail it to the appropriate location (indicated at the top of the form). You will receive a confirmation letter indicating the date on which your EFT service will begin.

Convenient billing adjustments

You will still receive a monthly statement, which can be used for audit purposes. Report any billing adjustments in writing to your Anthem billing specialist using the termination report and/or enrollment applications. Based on the date of receipt, changes and adjustments will be reflected on the following month's statement.

Life and Disability products are underwritten by Anthem Life Insurance Company.

In Indiana: Anthem Blue Cross and Blue Shield is a trade name of Anthem Insurance Companies, Inc. In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Missouri: Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWI collectively underwrite or administer the POS policies.

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Anthem Electronic Funds Transfer (EFT) Authorization Form for Small Group Lumenos HRA (Ohio)



Completed form should be mailed to:

Anthem Blue Cross and Blue Shield
P.O. Box 37910
Louisville, KY 40233-7910

We hereby authorize Anthem Blue Cross and Blue Shield to initiate debit entries of premiums or any other related payments on our behalf and credit entries as required to our account indicated below, and authorize the financial institution named below to debit/credit the same to such an account.

Enrollment type: <input type="checkbox"/> New <input type="checkbox"/> Revised		Requested effective date	
Financial Institution Information			
Financial institution name			
Financial institution address		City	State ZIP code
Account no.		Bank ABA no.	
Account type: <input type="checkbox"/> Checking/NOW <input type="checkbox"/> Savings <input type="checkbox"/> Other If other, please specify.			
(PLEASE ATTACH A VOIDED CHECK.)			
Group Information			
Group name			
Group no. with Anthem			
Group address		City	State ZIP code
Group contact person			Phone no.

Benefit Plan Option _____	Single Coverage	Family Coverage	Single & Family Total
Number of Employees	[]	[]	= []
Annual HRA Contribution per Employee (Based on your Benefit Plan Option)	x \$ []	x \$ []	
Estimated Maximum HRA Funding Liability:	= \$ []	= \$ []	= \$ []
	x 1/24	x 1/24	
Required Deposit:	= \$ []	= \$ []	= \$ []

Once the policy is active, the Required Deposit will be automatically withdrawn from your bank account. Thereafter, on a monthly basis, you will be notified of claims paid under the HRA account, and three days later that amount will be withdrawn from your bank account.

EFT is required for the HRA claims reimbursement and is recommended for Health Plan premium payment. To opt out of Health Plan premium payment by EFT, please check this box.

This authorization is to remain in full force and effect until Anthem and the above-named financial institution have received written notification simultaneously from us of its termination in such time and in such manner as to afford Anthem and the above-named financial institution a reasonable opportunity to act on it.

Printed name	Authorized signature on this account	Date
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