



Horizon Blue Cross Blue Shield of New Jersey

Automatic Pay Plan Application

Agreement Authorizing Horizon Blue Cross Blue Shield of New Jersey to Debit Checking Account

This agreement is made between Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)

and _____
(name of depositor as shown on bank records)

Horizon BCBSNJ is hereby requested and authorized to initiate deductions from the group's checking account listed below. The named banking institution (Bank) is hereby requested and authorized to charge such deductions to the checking account below.

Bank Name: _____ Bank Account No.: _____

Bank Address: _____
(address of branch where account is maintained)

City: _____ State: _____ ZIP: _____

It is understood and agreed that:

(1) The Group's bank account listed above will be debited as required to pay premiums for the group's health benefits contract with Horizon BCBSNJ on the premium due date.

(2) If a debit is refused by the Bank for any reason other than the Bank's error, it will be determined that payment of the premium has not been tendered by the group and the group's health benefits contract with Horizon BCBSNJ will be in arrears and subject to termination in accordance with its terms.

(3) This agreement and authorization shall remain in effect until 30 days after both Horizon BCBSNJ and the Bank receive written notification from the group of its termination or until the group's health benefits contract with Horizon Blue Cross Blue Shield of New Jersey is terminated for any reason.

(4) If you are a new group plan holder and are interested in automatic pay, please ensure that this form is filled out and returned with your initial application.

(5) The account must be in good standing at the time of the automatic enrollment. Any past due balances will prevent the automatic pay from taking place.

Group Name: _____

Group Number: _____

Date: ____ / ____ / ____ Signed: _____
MM DD YYYY

Title: _____

IMPORTANT: Please attach a blank, voided check for the bank account from which deductions should be made, and mail to:

Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East PP-06A
Newark, New Jersey 07105-2200