

Automatic Bank Draft Authorization Agreement

Anthem P.O. Box 62509 Virginia Beach, VA 23466

| Please provide the following information. | | | | |
|--|-------|--|----------------------|--------|
| Deduct my POWER Account contribution from: | | | Requested start date | |
| ☐ Credit card — Select typeVisaMasterCard | | | /_ | / |
| Card # Exp. date | | | DD M | M YYYY |
| ☐ Checking account — Please include a blank, voided check. | | | | |
| ☐ Saving account — Routing # | | | | |
| (Verify the routing number with your bank.) | | | | |
| Name of bank/financial institution Checking or saving | | | s account number | |
| | T | | | |
| City | State | | ZIP code | |
| Member name (please print) | | | | |
| | | | | |
| Member ID number (on your ID card) | | | | |
| Account holder's name (please print) | | | | |
| | | | | |
| Account holder's signature | | | | Date |
| | | | | |

I hereby authorize Anthem, on the date listed above, to start deductions from the account of the bank or financial institution listed above to debit the same account.

I understand this authorization is in effect until I notify Anthem in writing or by phone that I no longer want this service, allowing Anthem reasonable time to act on my notification. I also understand if corrections to the debit amount are needed, it may involve an adjustment (credit or debit) to my account. I understand Anthem and my bank/financial institution have the right to discontinue the withdrawals if they wish to do so.

This authorization is non-negotiable and nontransferable. Return this authorization to Anthem at the address shown above.

Please include a blank, voided check with this form. Automatic bank draft payments — a real savings in time and money!

Here are a few things to remember when filling out the form to set up this service.

Complete the entire form

Make sure to include all the information in the Automatic Bank Draft Authorization Agreement form. If we don't have all the information, it could delay setup.

Sign the form

We need the signature of the person who owns the bank account or credit card. This gives us permission to withdraw money for your POWER Account contribution.

Allow time for setup

It can take 6 to 8 weeks for this service to be set up. During this time, you'll need to keep making your POWER Account contribution.

When is my payment withdrawn and how much?

The amount due is automatically paid on the 5th calendar day of each month. If there is a balance due, payment will be taken out during the next payment cycle.

You'll still get a bill

Even after the automatic withdrawals are set up, you'll still get a monthly bill. But don't worry, you don't have to pay anything. It's just the way our system is set up.

If your account closes or changes

Call us right away. We'll need two weeks to make changes in our system so you don't miss a payment and lose coverage.

If you're paying with a checking account

Remember to send a blank check with VOID written in large letters on it so the check cannot be used. This way, we'll have the correct name of the bank, routing number, and account number.

If you're paying with a savings account

Be sure to verify the correct routing number with the bank or financial institution.

If you have any questions about filling out the form or the automatic bank draft service, call Member Services at 866-408-6131 (TTY 711).

Want to make a payment online? Just go to anthem.com/inmedicaid to login or register. Our member website makes paying your POWER Account contribution quick and easy.

Enclosures: Get help in another language Nondiscrimination notice

anthem.com/inmedicaid

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

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