

Anthem Health Plans of Virginia

AUTOMATIC BANK DRAFT AUTHORIZATION: Checking Account

Applicant's Full Name _____
(The person whose premium you are paying)

Applicant's Address _____

City, State, Zip Code _____

Applicant's Identification Number or Social Security Number _____

Full Name of Bank where you have checking account _____

I authorize the above named bank (referred hereinafter as "you" and "your") to pay and charge to my account drafts drawn on my account on the 5th of each month by and payable to the order of Anthem Blue Cross and Blue Shield, Roanoke, VA, provided there are sufficient funds in my account to pay the same upon presentation. I agree that your rights in respect to such draft are the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and received by you. I agree that you shall be fully protected in honoring any such draft. I further agree that if such drafts are dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in loss of this insurance. I understand I may be billed for monthly premiums until this draft becomes effective. I have attached a blank, voided check reflecting the account number as it appears on my bank records.

X _____ Acct# _____ Date ___/___/___
(Signature exactly as it appears on bank records)

Detach and return with a blank, voided check.

Please attach VOIDED CHECK here.

Dear Henrico County Retiree Health Care Participant,

Thank you for your interest in our Automated Bank Draft for your Anthem premium.

Automated Draft (EFT) allows you to have your monthly premium deducted electronically from your checking – *instead of mailing your payment each month*. If you are interested in the Automated Draft payment option, simply complete the form on the other side, attach your voided check and return it to:

For General Government Retirees:
Henrico County Human Resources
Benefits Division
P.O. Box 90775
Henrico, VA 23273-0775

For Schools Retirees:
Henrico County Public Schools
Health Benefits Office
P.O. Box 23120
Henrico, VA 23223-0420

The voided check must be from the account you want the automated draft payments to be withdrawn. The information on your check is necessary to process your authorization form. Please **do not** send a blank check or a cancelled check as they cannot be used to set up EFT.

If you have any questions, please call the Human Resources Benefits Division for General Government retirees at 804-501-7371 or the Health Benefits Office for Schools retirees at 804-652-3624.