



Horizon Blue Cross Blue Shield of New Jersey

CONSUMER/INDIVIDUAL AUTOMATIC PAY PLAN APPLICATION

Agreement Authorizing Horizon Blue Cross Blue Shield of New Jersey to Debit 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 consumer's 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 Routing No. _____

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

It is understood and agreed that:

(1) The Consumer's bank account listed above will be debited as required to pay premiums for the consumer'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 consumer and the consumer'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 consumer of its termination or until the consumer's health benefits contract with Horizon Blue Cross Blue Shield of New Jersey is terminated for any reason.

(4) Please be advised that if the transaction is returned from your bank for insufficient funds, Horizon is not responsible for any bounced check fees.

Consumer Name _____ Consumer ID Number _____

Date _____ Signed _____ 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