

Group eCheck Payment Option

Producer Communication #675

Issued July 17, 2014

Message

Group eCheck is an automated payment option that will deduct a new group's first month premium directly from their bank account. It is an alternative for Small and Mid-Market Groups (Large groups do not require first month premium with new group paperwork) to use instead of mailing in a paper check to pay the first month premium and avoid the new group paperwork being held up due to waiting for the check.

Details

Group eCheck Submission Form (C-447)

Group eCheck is an automated payment option that will deduct a new group's first month premium directly from their bank account. This is a free, one time service, eliminating the need to write checks and mail payments. Best of all, it gives Producers and Account Executives peace of mind in knowing that their group's application for enrollment will not be held while Underwriting Compliance is waiting for payment to be received by Capital.

This form is for new groups only in lieu of sending a first month premium check to CBC. The form (*Attachment A*) must be completed in its entirety (including the policymaker's signature) in order for it to be accepted. If any information is missing, the new group paperwork will be held by Underwriting for two business days to allow for a corrected form to be received. If a new form is not received within that time, the new group paperwork will be voided and returned.

When using this option, the completed eCheck Submission form (C-447) should be submitted to Capital with all other new group paperwork requirements. Upon receipt of the form by Capital, Cash Processing will process the payment.

Underwriting Compliance will begin working the group immediately rather than searching/waiting for a check and holding paperwork. During the processing of the audit, Cash Processing will receive confirmation after the transfer of funds is complete.

This is not a full replacement process. Groups still have the option to mail in a premium check.

The eCheck Submission form will be made available on CapBlueCross.com in the following locations:

- On the Employers Home Page under 'Billing & Payment'
- On the Producer Tools Landing Page under 'Other Helpful Resources'

****Please note-** the 2014 UW Compliance Guidelines booklet will not be updated to add the eCheck process, however, it is a valid option from 8/1/2014 effective dates and forward. It will be in the 2015 Guidelines.

Attachments

- **Attachment A** – *Group eCheck Submission Form*

Questions

Contact your Preferred Agency with any questions. Thank you.

Capital BlueCross and its subsidiaries, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®], and Keystone Health Plan[®] Central, understand the countless demands on your schedule. That's why we've designed a program to help shorten your to-do list. We call it Group eCheck.

Group eCheck is an automated payment option that will deduct your Capital BlueCross first month premium directly from your bank account. No checks to write. No envelopes to mail. No hassles. Best of all, it will give you peace of mind in knowing that your group application will not be held while Capital BlueCross is waiting for payment to be received.

How Does It Work?

Your bank will transfer your Capital BlueCross first month premium from your bank account directly to Capital BlueCross. If the transfer day is a holiday, the premium payment will be deducted on the next business day.

Your participation in Group eCheck does not change your benefits or the terms of your contract in any way. Please be aware that any adjustments to your premium will be reflected in your first month's statement.

How Do I Apply?

To take advantage of this free one-time service, you must complete the back of this page and provide your signature. All fields are required to be completed in order to process the payment. The Group eCheck Application form is also available on the Capital BlueCross website at capbluecross.com. Simply return the completed form to Capital BlueCross with your new group paperwork.

If you have questions regarding this information, please contact your group account executive via the phone number provided to you or your producer.

By completing this form, I/we authorize Capital BlueCross and its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central, and the financial institution named below, to deduct the amount of the first month's premium for health care coverage from our account directly to Capital BlueCross. We agree sufficient funds are available in the account to permit this deduction. If the account does not have sufficient funds at the time of transfer, I/we understand that our application to enroll in Capital BlueCross health care coverage may be denied.

Group Information *(Please Print)*

Group Name	Group Policymaker's Name
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Group Address *(Street, City, State, Zip)*

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Group Policymaker's Telephone Number	Group Policymaker's Title
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Signature of Group Policymaker	Date
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Financial Institution Information *(Please Print)*

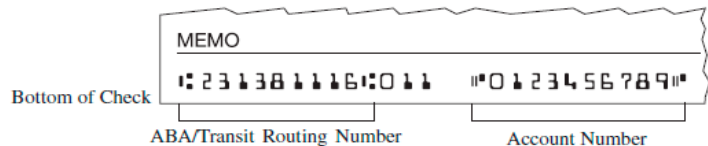
Name of Financial Institution	ABA/Routing Number
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Address of Financial Institution *(Street, City, State, Zip)*

Name on Bank Account	Bank Account Number
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\$

Amount of First Month's Premium to be Withdrawn	Voided Check Number
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**Return to Capital BlueCross with completed new group paperwork.
Please keep a copy of the completed form for your records.**

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

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Group Address *(Street, City, State, Zip)*

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Group Policymaker's Telephone Number	Group Policymaker's Title
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Signature of Group Policymaker	Date
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Financial Institution Information *(Please Print)*

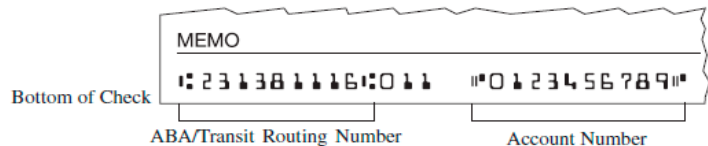
Name of Financial Institution	ABA/Routing Number
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Address of Financial Institution *(Street, City, State, Zip)*

Name on Bank Account	Bank Account Number
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