



# Initial Premium Binder Payment

Note: Do not cancel any current coverage you may have until your Application is approved and your new plan is effective. To use ACH for payment of initial premium payment please select ONE-TIME BANK DRAFT below, complete the balance of the form in its entirety, and submit with your application for processing.

Payment will be drafted upon approval of this Application. You must complete the Authorization Agreement below.

ONE-TIME BANK DRAFT

### AUTHORIZATION AGREEMENT

#### Required for Bank/Financial Institution Draft Payments Only

I request and authorize Blue Cross and Blue Shield of Montana (BCBSMT) and/or its designee to obtain a one-time ACH payment by initiating the charge from my checking or savings account and I request and authorize the Financial Institution named below to accept and honor the same from my account. If the draft date falls on a non-business day or a holiday, the premium payment will be deducted from my account on the next business day. If an ACH Transaction from my account is rejected for Non-Sufficient Funds (NSF), I understand I will have to make a payment arrangement via a different payment channel. I also understand that both the Financial Institution and BCBSMT reserve the right to terminate this payment program and/or my participation therein.

#### Please complete the following – print or type information

I authorize BCBSMT to deduct the one-time ACH payment from our checking or savings account.

**Please ensure adequate funds are available at the time of Application. BCBSMT is not responsible for fees incurred due to insufficient funds.**

PLEASE CHECK ONE <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT		BANK NAME	
<input type="checkbox"/> MONEY MARKET ACCOUNT			
BANK ROUTING NUMBER		EMPLOYER'S ACCOUNT NUMBER	
PREMIUM AMOUNT: \$			
AUTHORIZED SIGNATURE		DATE	NAME OF AUTHORIZED PURCHASER
NOTE: An E-mail notification will be sent to the below listed address when funds are withdrawn.			TITLE OF AUTHORIZED PURCHASER
E-MAIL ADDRESS			
<input type="checkbox"/> I HAVE READ AND ACCEPT THE ABOVE AGREEMENT			

**NOTES:** A minimum of 90 percent of the estimated initial/first month's health and/or dental premium is required in order to use ACH. An explanation should be provided by a company official authorized to represent the business on company letterhead or the electronic equivalent if the address or name on the bank account associated with this binder payment differs from the company's primary address and name. This includes if the address is that of another location in the same state, if the address is out of state, if the address is a post office box, etc. The ACH option for the initial premium through the BCBSMT is a one-time payment. All payments for future monthly bills must be arranged using the EFT option in Blue Access for Employers or paid via check. The initial premium for life coverage, if purchased, will be requested on the first bill from Dearborn National.

When you renew BCBSMT coverage or reenroll by selecting a new product, you will need to be current on your premium payments. Any past due premium payments for coverage we provided will be due at the beginning of the new plan year in addition to current premium charges. New coverage will not be effective until all such payments are made.

### INTERNAL USE ONLY

**BCBSMT Account Number:**

**Enrollment State:**

**Effective date:**