

# SAVE TIME WITH EASY BILL PAY OPTIONS



[HIGHMARKBLUESHIELD.COM](http://HIGHMARKBLUESHIELD.COM)

**NO MORE WRITING A CHECK FOR YOUR PREMIUM PAYMENT...OR GOING TO THE POST OFFICE FOR STAMPS...OR TAKING VALUABLE TIME OUT OF YOUR DAY TO PAY YOUR BILL IN PERSON.**



### **OPTION 1: ONLINE E-BILL PAYMENT**

Our e-Bill option is available through our secure member website. Switching to online e-Bill payment allows you to have your premium automatically deducted from your checking account. Many people already enjoy this convenient method for paying their electric, gas and credit card bills.

Online e-Bill payment gives you freedom and flexibility:

- Make a one-time payment while you are temporarily away from home.
- Make recurring payments over several months.
- Receive an e-mail reminder before your payment is deducted from your account.
- View and print your current or past bills.
- Easily update your checking account information.

#### **IT'S EASY TO GET STARTED OR SWITCH TO E-BILL:**

1. Go to **www.highmark.com**.
2. If you've already registered to use the member site, enter your login ID and password in the "Log In" box.
3. Click on the "Pay My Bill" icon at the top of the page. Complete the one-time "e-Bill Registration" by providing your billing ID number from your paper invoice. Click "Submit."

4. Follow the directions to make your payment arrangements. If your invoice is not displayed on the "Current Invoice" screen, click on the "Invoice History" link. Please note: The payment must match the full invoice amount.

On your first visit to the website, you will be asked to register, choose a login ID and password and select a security question and answer. Once you are registered, you can request that we e-mail a PIN to you immediately, or we can mail you a PIN in 3 to 5 business days. The PIN is a security enhancement designed to protect your private account information. When you receive your PIN, login with your ID and password and enter your PIN on the PIN verification page. When your PIN is confirmed, you will be able to view all features of the website, including your confidential and protected health information. You will only need to use the PIN the first time you log onto the website. Once you are verified, all you need is your ID and password.

#### **CHECK OUT "FREQUENTLY ASKED QUESTIONS" ON OUR WEBSITE**

Get answers to questions such as when your bill will be available...how to set up recurring payments...how to receive paper bills again...how to change your bank account information. Just log onto the member website, click on the "View or Pay My Bill" link, then on "Help."

Have questions or need help setting up your e-Bill payment? Call Highmark Web Services at 1-800-294-9568, Monday through Friday, between 8:00 a.m. and 7:00 p.m.



# It's as easy as 1, 2, 3



## OPTION 2: PAY-IT-EASY

If you don't have access to the Internet, consider our Pay-It-Easy® option. With Pay-It-Easy, you can still enjoy the convenience of having your premium payment automatically deducted from your checking account each month. You will need to submit a paper enrollment form.

### HOW IT WORKS: COMMONLY ASKED QUESTIONS

#### **How will I know when my first payment is being deducted from my checking account?**

You will receive a letter in the mail that informs you when your first payment will be deducted. Your monthly bank statement will note the date and show the amount of future transactions.

Be sure to continue to pay your health premium as usual until you are notified that automatic payment has begun.

#### **What happens if I do not have enough money in my checking account on that date?**

Your bank will notify us and may then charge you a penalty for insufficient funds. You also will be removed from the Pay-It-Easy Premium

Payment Program and receive paper bills. You will need to re-enroll if you want this payment option in the future.

#### **If my spouse is also a member and wants to participate, can we use the same enrollment form?**

Yes. Provide complete information about both of you on the attached form. Be sure to include both signatures.

#### **What if I later decide Pay-It-Easy is not for me?**

Just send us a letter or call the member service number on the back of your ID card. In general, if we receive your request by the 15th of the month, the next payment will not be withdrawn from your account. Instead, we will send you a regular paper bill.

You will need to complete and return a new Pay-It-Easy form along with a new voided check if...

- You change to another Highmark program
- Change banks or your bank account numbers

**YES, SIGN ME UP FOR PAY-IT-EASY AUTOMATIC  
PREMIUM PAYMENT PROGRAM**

- I hereby authorize Highmark and the financial institution designated to begin deductions for my premium payment.
- I authorize the financial institution to charge these withdrawals to my account. I understand that I may discontinue my participation with written or oral notice to Highmark.
- I also understand that both the financial institution and Highmark reserve the right to terminate this payment program and/or my participation in this program.
- I understand that I must continue to pay my Highmark premium as usual until I am notified that my automatic checking account deduction is beginning.

**TO ENROLL IN PAY-IT-EASY, FILL OUT AND RETURN THE  
ATTACHED FORM. PLEASE MAKE SURE THAT YOU...**

1. Sign your name and date this form where indicated. (Checking account holder must sign, too, if different from member.)
2. Enclose a voided check with your address on it.
3. Make a copy of this form for your records.
4. Mail your completed form and voided check with your next bill to:

Highmark Blue Shield Pay-It-Easy  
120 Fifth Ave.  
Pittsburgh, PA 15222

If you have questions about a payment or your benefits, please call the number on the back of your member ID card.

**PLEASE PRINT**

1. \_\_\_\_\_  
Membership ID Number  
(As it appears on your health card)
2. \_\_\_\_\_  
Name of Member  
\_\_\_\_\_  
\_\_\_\_\_  
Your Spouse's Name and Membership (ID) Number (If applying together with one bank account)
3. \_\_\_\_\_  
Address
4. \_\_\_\_\_  
City State Zip Code
5. (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number
6. \_\_\_\_\_  
Name (s) on Checking Account (If different from person listed above)
7. \_\_\_\_\_  
Name of Financial Institution
8. \_\_\_\_\_  
Checking Account Number
9. \_\_\_\_\_  
Signature of Checking Account Holder  
(From #6, if different from member applying)
10. \_\_\_\_\_  
Member Signature  
\_\_\_\_\_  
Spouse's Signature (If applying together)
11. \_\_\_\_\_  
Signature of Legal Guardian or  
Power of Attorney (If applicable\*)
12. \_\_\_\_\_  
Date

\* If you have a representative acting for you, include a copy of your Power of Attorney or proof of legal guardianship if it is not already on file with us.



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