

# Electronic Debit Premium Payment/ Recurring Premium Payment Form For Small Group Reinstatements



This form will be used to authorize both a one time and recurring electronic debit payment from your business checking or savings account. Please fill out the requested information in the spaces below.

Anthem Blue Cross (Anthem) will set up this recurring payment on your behalf.

Your monthly premium payment is due on the first of each month. (For example, a payment for a July 1 – August 1 billing period would be due on July 1.) However, if your state allows a grace period, and you prefer a different payment date, please indicate it here:  (DD of the month). Please know that any other date you choose may affect the dates on which claims are processed. Note: If there is no payment date specified, it will default to the 28th of each month.

**Due to the timing of your group's reinstatement approval, your next scheduled payment may include a double debit so that your group's payments are up to date.**

## Applicant information

|            |           |                     |
|------------|-----------|---------------------|
| Group name | Group no. | Case no. (if known) |
|------------|-----------|---------------------|

I authorize Anthem to debit my business checking or savings account using the information provided below upon approval of my group's reinstatement. This payment will be electronically debited from my business checking or savings account for the group named above using the information provided. The total amount due on my monthly Anthem invoice is the amount that will be withdrawn from my designated account.

Each monthly premium debit transaction will appear on your bank statement as an Electronic Funds Transfer (EFT).

Please note that we are unable to accept payment from a credit card. Payment must be from a checking or savings account.

|                                                                                            |                                                                                    |       |          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------|----------|
| Financial institution name                                                                 |                                                                                    |       |          |
| Financial institution street address                                                       | City                                                                               | State | ZIP code |
| Account holder's name                                                                      | Account type<br><input type="checkbox"/> Checking <input type="checkbox"/> Savings |       |          |
| Transit routing no.                                                                        | Account no.                                                                        |       |          |
| Account holder's street address                                                            | City                                                                               | State | ZIP code |
| <input type="checkbox"/> Check here if your company has an ACH debit block on the account. |                                                                                    |       |          |
| Group's email address (Please print)                                                       |                                                                                    |       |          |

If there are insufficient funds during any given month, I understand that a non-sufficient funds (NSF) fee may be charged in the maximum amount allowed by state by my financial institution. I authorize the debit of this fee in full and acknowledge that Anthem will not be responsible for any fees incurred by my financial institution.

|                                        |                 |
|----------------------------------------|-----------------|
| Account holder's signature<br><b>X</b> | Date (MMDDYYYY) |
|----------------------------------------|-----------------|

Send completed form by:  
Email: [Small.group@anthem.com](mailto:Small.group@anthem.com)  
Fax: 877-261-2137

Reset Form

Save and Print