

How to apply and pay

Independence Blue Cross makes applying and paying for health insurance easy by providing you with several options that suit your needs.

Application options

1. Apply online

If you prefer to apply online, please contact your broker for assistance with the online application and payment forms.

2. Apply by phone

Contact your broker if you would like to apply by phone.

3. Apply by mail

Enclosed you'll find an Application for Individual Coverage, which you can fill out and return to your broker along with your initial payment. *This option is not available if you are seeking a premium tax credit or cost-share reduction plan.*

Payment options

Independence Blue Cross offers various options for paying your premium. You can choose to make your first monthly payment by check or credit/debit card, or you can sign up for an automated monthly payment from your bank account through Automated Clearing House (ACH).

Check

If you've selected monthly billing on your application, you will need to include a check with your first payment.

- For HMO plans, make your check payable to Keystone Health Plan East.
- For PPO plans, make your check payable to Independence Blue Cross.

Once you're enrolled in a plan, you will receive a bill each month before your payment is due.

Credit/Debit card

If you choose to use a credit/debit card, please follow the instructions on this form and return it with your application. Please note that we will only accept Visa or MasterCard for credit/debit card payments and we accept Amex, Discover, MasterCard, and Visa for prepaid debit card payments. You may only pay with a credit/debit card for the first month's premium.

Initial payment — credit/debit card

Cardholder name: _____

Credit/debit card type: ☐ MasterCard ☐ Visa

Prepaid debit card type: ☐ Amex ☐ Discover ☐ MasterCard ☐ Visa

Credit/debit card number: _____

Security code: _____ Expiration date: _____

This 3-digit number can be found on the back of your card.

Cardholder's billing address: _____

City, State, ZIP: _____



Apply online



Apply by phone



Apply by mail

Automated payments through ACH

Independence Blue Cross offers a free electronic monthly premium payment service. You authorize the withdrawal of your total premium amount due from your checking or savings account, and we will deduct your payment through the ACH (Automated Clearing House) process. With the electronic monthly premium payment service, there's no need to wait for your invoice to come or mail payments each month. Payment is automatic and always on time.

Important instructions:

1. Complete and sign this form.
2. Attach a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Return this form with your application to your broker.

Note: Your payment will not be processed until your coverage is approved.

Name on bank account: _____

Bank routing/transfer number: _____

Relationship to applicant: _____

Bank account number: _____

Name of financial institution: _____

Type of account: ☐ Checking ☐ Statement savings (no passbook accounts)

Bank account usage: ☐ Personal ☐ Business

Account holder signature: _____ Date: _____

Additional signature (if joint account): _____ Date: _____

Signature of applicant: _____ Date: _____
(if different than account holder)

I (we) authorize my bank or savings institution to make payments to Independence Blue Cross from the account listed above. I (we) understand this authorization may be revoked by me at any time, by written notification, to discontinue my automatic payment. I (we) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, electronic payments will be cancelled and I (we) will be billed through the postal service (regular mail). All plan termination notices should be sent to: Independence Blue Cross, Billing Department, P.O. Box 13828, Philadelphia, PA 19101-3828.

Questions?

Contact your broker for assistance.

Bank name

Your Name Your Address Your City State Zip		Date: _____	1234
Pay to: _____		\$ _____	DOLLARS
Your Bank Name Bank City State		SIGNATURE _____	
MEMO: _____		_____	
: 123456789 : 1000123456 1234			
9-digit routing number		Your account number	



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.