



ATTN: Accounting/Accts Receivable
 PO Box 3248
 Omaha, NE 68180-0001
 FAX: (402) 398-3809

Debit Authorization

For Employer Payment of Medicare Supplement Premiums

Name of Employee/Applicant:	Employee Date of Birth:
-----------------------------	-------------------------

Name of Business Entity:

Address:	City:	State:	Zip:
----------	-------	--------	------

I certify that I am submitting premium payment for an individual Medicare Supplement policy on behalf of the employee/applicant listed above.

I understand that fines and penalties may be imposed upon an employer for contributions made to employee Medicare Supplement policies in violation of Medicare Secondary Payer or other applicable laws. I agree to indemnify and hold Blue Cross and Blue Shield of Nebraska (BCBSNE) harmless against any and all loss, damage, expense and/or penalty for non-compliance with federal and state laws and regulations.

By: _____ Date: _____

Debit Authorization

I authorize BCBSNE to make automatic withdrawals from the account shown below (or on the attached voided check), and the Financial Institution named below to charge the stated account for payment of the above employee/applicant's premium. The initial authorization will be charged on or after the 20th of each month. Such amount may be changed from time to time by BCBSNE, giving the member written notice before charging the account. The member is responsible for giving you notice of any change in premium amount. This authorization is to remain in effect until BCBSNE has received written notification from me of a termination date.

NOTE: any premium overpayments or refund checks owed will be sent directly to the individual member.

Please complete the Bank and Account information below:

Name of Bank: _____ City/State: _____

Account Number: _____ Type of Account: Checking Savings

Routing/ABA Number:

YOUR NAME Your Address City, State, Zip Code	DATE _____
PAY TO THE ORDER OF _____	\$ _____
BANK NAME	DOLLARS <small>SECURITY FEATURE INCLUDED</small>
0123456789 0001234567890 01234	AUTHORIZED SIGNATURE _____

ATTACH A VOIDED BLANK CHECK FOR OUR RECORDS FOR SAVINGS, ATTACH A BANK LETTER