

# Save



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## An **easy** way to pay your **HMSA** dues

### **How does it work?**

HMSA will work with your local financial institution to transfer monthly payments to HMSA for your health plan dues.

### **How do I apply?**

Complete the authorization form on the reverse side and attach a voided check or savings account statement. Be sure that the attached document shows account information, including account holder's name and account number.

Send completed authorization form to:

HMSA  
Community Sales and Service/6  
P.O. Box 860  
Honolulu, HI 96808-0860

### **Do all banks participate in this service?**

Most major banks, savings and loans, and credit unions in the state of Hawaii participate. If you are not sure if your financial institution participates, call us.

### **When will my Dues Payment Service begin?**

Your Dues Payment Service will begin when you receive a confirmation notice from HMSA. Processing takes about 60 days.

### **What happens if the amount of my health plan dues change?**

HMSA will notify you if we need to change the amount of money we are deducting from your account.

### **How do I track my payments?**

Your bank statement will show the amount deducted from your account for HMSA dues. Deduction will occur on the 5<sup>th</sup> of every month or the following business day if the 5<sup>th</sup> is on a weekend or holiday.

### **Do I need to complete separate forms for my spouse and dependent if they are enrolled in separate individual plans?**

Yes, you need to complete authorization forms for each separate HMSA subscriber account.

### **How do I cancel the Dues Payment Service?**

Send us a written request to cancel this service.

### **What do I need to do if I change to another HMSA plan?**

Nothing. Your existing authorization will remain valid.

### **Who do I call if I have questions?**

Call HMSA at 948-5555 on Oahu or toll-free at 1 (800) 620-4672 on the Neighbor Islands.



An Independent Licensee of the Blue Cross and Blue Shield Association

# HMSA Dues Payment Authorization Form

HMSA Member Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

HMSA Membership Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Account Number: \_\_\_\_\_

All individual plans are debited on a monthly basis except for Student Plan 19, which is debited quarterly.

Account Type:  Checking (1)  Savings (2)

I authorize HMSA and the financial institution named above to initiate transfers from my account to pay HMSA for plan membership dues.

In the event of a change in the amount of my HMSA membership dues, whether the change results from a rate change, the addition or deletion of my dependent, or other reasons, HMSA will notify me of the change and I will have the opportunity to continue the automatic transfer from my account pursuant to this agreement or to stop it. Account must be drawn on a Hawaii-based financial institution.

I understand that either HMSA or I can terminate the Dues Payment Service with 30 days written notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(As shown on financial institution records)

### For HMSA Use Only

Accepted By: \_\_\_\_\_ Effective Date: \_\_\_\_\_

HMSA Group Number: \_\_\_\_\_ Trans. Type: \_\_\_\_\_ PTD: \_\_\_\_\_

Input Date: \_\_\_\_\_ By: \_\_\_\_\_

**IMPORTANT NOTE: For checking account deduction, attach a VOIDED personal check in the area below. For savings account deduction, attach a statement to this form. Be sure the name of your financial institution and your complete account number appear on the check or statement. Please complete one authorization form per membership. If your plan has two-party or family membership options, you may complete one authorization for the entire family.**

00-1938/8391 1938		101
DATE _____		
Pay to the Order of _____	\$	<input type="text"/>
_____	DOLLARS	
: 1 1938 01:8391 101		

VOID