

Save Time

with Automatic Payments



An easy way to pay your premiums.

With automatic payments, you don't have to worry about remembering to pay your monthly HMSA premium. We'll work with your bank or other financial institution to automatically transfer your monthly premiums to HMSA.

How do I sign up for automatic payments?

Complete the authorization form on the back and attach a voided check or savings account statement. Include the account holder's name and account number.

Send the completed form to:

HMSA
Attn: Cashiers
P.O. Box 4720
Honolulu, HI 96812-4720

After I submit my completed form, when will automatic payments start?

The automatic payment service can take up to 60 days to process. We'll continue to bill you until then. Please mail your payments until we send you a confirmation that your automatic payments have been set up. Your automatic payments will start with the bill after you get our confirmation.

What if my premium amount changes?

We'll mail you a letter in advance to let you know if we need to change the amount being deducted from your account.

How do I track my automatic payments?

Your bank statement will show the HMSA payments deducted from your account. Deductions will occur on the fifth day of every month or the following business day if the fifth falls on a weekend or holiday.

Do I need separate authorization forms for my spouse and dependent if they're enrolled in separate individual plans?

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

How do I cancel automatic payments?

You can send us a written request to cancel this service. It will take **30 days** for the cancellation to be effective.

If I enroll in an individual plan rider such as HMSA's Dental Plus Plan, will I have to complete another authorization form to set up automatic payments for that plan?

Yes. Since that plan is billed separately from the medical plan, you'll have to complete a separate authorization form.

Where do I call if I have questions?

Call HMSA at 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands.



An Independent Licensee of the Blue Cross and Blue Shield Association



An Independent Licensee of the Blue Cross and Blue Shield Association

Automatic Payment Application

HMSA Subscriber Name: _____

HMSA Subscriber ID Number: _____ Telephone: (_____) _____

Address: _____

Financial Institution: _____ Branch: _____

Account Holder Name(s): _____

Account Number: _____ Account Type: Checking (1) Savings (2)

I allow HMSA and my financial institution to transfer money from my account to pay my HMSA premiums. HMSA will notify me if the premium amount changes as a result of an annual rate change. I can continue automatic transfers from my account under this agreement or discontinue it with a written request to HMSA. The account is from a U.S. financial institution.

I understand that either HMSA or I can end automatic payments 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: For a checking account deduction, attach a VOIDED personal check below. For a savings account deduction, attach a statement to this form. Be sure the name of your financial institution and your account number appear on the check or statement. Please complete one authorization form per membership.

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