

# Save Time

## with Automatic Payments



**An easy way to pay your premium.**

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

### **How do I sign up for automatic payments?**

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

Mail the completed form to:

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

You can also sign up for automatic payments at My Account on [hmsa.com](http://hmsa.com). Click My Account Login then Profile and select Pay My Bill.

Not registered for My Account? On [hmsa.com](http://hmsa.com), click My Account Login. Click Register and follow the instructions.

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

The automatic payment service will take about 30 days to process. We'll continue to bill you until we send you a confirmation that your automatic payments have been set up.

### **What if my premium changes?**

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

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

Your bank statement will show the HMSA deductions that will be made on the bill's due date or the following business day if the due date is 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?**

Send us a written request to cancel this service. Allow 30 days for the cancellation to take effect.

### **If I enroll in a 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.

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

Call us at (808) 948-6174 or 1 (800) 782-4672. We'll be happy to help you.



An Independent Licensee of the Blue Cross and Blue Shield Association

## Automatic Payment Application

HMSA Subscriber Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
HMSA Subscriber ID No.: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Holder Name(s): \_\_\_\_\_  
Account No.: \_\_\_\_\_ Account Type: ☐ Checking (1) ☐ Savings (2)

I allow HMSA and my financial institution to automatically 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. 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 HMSA subscriber.

00-1938/8391 1938		101
DATE _____		
Pay to the Order of _____	\$ <span style="border: 1px solid black; padding: 2px 10px;"> </span>	
_____	DOLLARS	
: 1 1938 01:8391 101		