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. Click My Account Login then Profile and select Pay My Bill.

Not registered for My Account? On 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?

If your premium changes, we'll notify you on your statement and you can call us to adjust the amount at the number listed on this form.

If you have My Account, you can change the amount in your autopayment settings.

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.

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.

How do I cancel automatic payments?

Call or send us a written request to cancel or modify your scheduled payment on or before the 10th of each month. If you have My Account, you can cancel or modify the amount in your autopayment settings. Please allow 30 days for the cancellation to take effect.

Who do I reach out to if I have questions?

Visit hmsa.com/payonline or:

For Individual Plan members:
Call us at (808) 948-6140 or 1 (800) 782-4672

For Medicare Plan members:
(808) 948-6174 or 1 (800) 782-4672

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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: _____

_____

Email 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 online or 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.