

# How to apply and pay

Independence Blue Cross (IBC) makes applying and paying for dental and vision coverage easy by providing you with several options that suit your needs.

## Application options

### 1. Apply online

If you prefer to apply online, please visit [www.totalbenefits.net](http://www.totalbenefits.net) to complete the online application and payment information forms.

### 2. Apply by phone

If you would like to speak with a licensed sales representative, please call 1-800-355-2121.

### 3. Apply by mail

Enclosed you'll find an *Application for Adult Dental and/or Vision Individual Coverage* and postage-paid return envelope, which you can fill out and mail in along with your initial payment.

## Initial payment options

IBC offers various options for paying your monthly premium. You can choose to make your first monthly payment by check or credit/debit card, or you can sign up for an automated monthly payment from your bank account through Automated Clearing House (ACH). Please be aware that since dental and vision coverage are provided through separate contracts, they will be invoiced and billed separately. The payment information provided will be applied to the premiums of the dental and/or vision coverage selected.

### Check

If you've selected monthly billing on your application, you will need to include a check with your first payment. Please make your check payable to Independence Blue Cross.

Once you're enrolled in a plan, you will receive a bill each month before your payment is due.

### Credit/Debit card

If you choose to use a credit/debit card, please follow the instructions on this form and return it with your application.

Please note that we accept Visa or MasterCard for credit/debit card payments, and that credit/debit card is only accepted for the first month's premium.

#### Initial payment — credit card

Cardholder name: \_\_\_\_\_

Credit card type: ☐ Visa ☐ MasterCard

Credit card number: \_\_\_\_\_

Security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

This three-digit security code can be found on the back of your card.

Cardholder's billing address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_



### Apply online

[www.totalbenefits.net](http://www.totalbenefits.net)



### Apply by phone



215.355.2121 • [www.totalbenefitsinc.com](http://www.totalbenefitsinc.com)



### Apply by mail with the prepaid return envelope.

## Ongoing payments

### Monthly Payments by Check

If you have selected monthly billing on your application, you will receive a bill each month before your payment is due. You will need to include a check with your monthly payments. Please make your check payable to Independence Blue Cross.

### Automated Clearing House (ACH)/Electronic Check

Independence Blue Cross offers a free electronic monthly premium payment service. You authorize the withdrawal of your total premium amount due from your checking or savings account, and IBC will deduct your payment through the ACH process. With the electronic monthly premium payment service, there's no need to wait for your invoice to come or mail payments each month. Payment is automatic and always on time.

### Important instructions:

1. Complete and sign this form.
2. Attach a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Return this form with your application in the postage-paid reply envelope provided.

Note: Your payment will not be processed until your coverage is approved.

Name of account holder: \_\_\_\_\_

Bank routing/transfer number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Type of account: ☐ Checking ☐ Statement savings (No passbook accounts)

Bank account usage: ☐ Personal ☐ Business

Account holder signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional signature (if joint account): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different than account holder)

I (we) authorize my bank or savings institution to make payments to Independence Blue Cross from the account listed above. I (we) understand this authorization may be revoked by me at any time, by written notification, to discontinue my automatic payment. I (we) agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, electronic payments will be cancelled and I (we) will be billed through the postal service (regular mail). All plan termination notices should be sent to: Independence Blue Cross, Billing Department, P.O. Box 13828, Philadelphia, PA 19101-3828.

Questions? Please call:



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Bank name

Your Name Your Address Your City, State, Zip		Date: _____	1234
Pay to: _____		\$ _____	DOLLARS
Your Bank Name Bank City, State		SIGNATURE _____	
MEMO: _____		_____	
1: 123456789 1:		1: 1000123456 1234	
9-digit routing number		Your account number	



Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

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