



**BlueCross BlueShield  
of North Carolina**

## Initial Payment Submission Form

### Purpose

This form should only be used for submitting your initial premium payment in the form of **check, cashier's check or money order**.

### Instructions for submitting your payment with this form:

1. Complete the form in its entirety to ensure proper posting of your payment to your account.
2. Payments must be received by BCBSNC no later than the 20th of the month prior to your effective date to ensure that it will be posted timely.
3. If your payment is not received and processed prior to the 1st of the following month, your application could be cancelled.
4. Submit your payment and this form to the following address:

BCBSNC  
P.O. Box 1732  
Durham, NC 27702

Please print legibly:

|   |  |
|---|--|
| Federal Marketplace ID:                             |  |
| Subscriber Name:                                    |  |
| Full Address:<br>(Include City, State and Zip Code) |  |
| Payment amount:                                     |  |
| Telephone Number:                                   |  |
| Health Plan Purchased:                              |  |