

Alternate Payment Submission Form

Purpose: This form should only be used for submitting your initial premium payment in the form of **checks, cashier's check and money orders.**

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 last day of the month prior to your effective date, otherwise your application could be canceled.
3. Payment must be in the exact amount that you owe for your initial month's premium.
4. Submit your payment and this form to the following address:

BCBSNC
P.O. Box 1732
Durham, NC 27702

If you need to make updates to the information below please print legibly:

Exchange ID:	
Subscriber Name:	
Full Address: (Include City, State & Zip Code)	
Payment amount:	
Telephone Number:	
Health Plan Purchased:	
Effective Date	