



BLUE SHIELD OF CALIFORNIA  
VISION APPLICATION

**Electronic Fund Transfer**

**(Include first month's premium payment AND voided check)**

I authorize RealCare Insurance Marketing, Inc. to initiate monthly deductions from my account shown below, for the amount specified:

Checking account \_\_\_\_\_ Savings account \_\_\_\_\_ Account # \_\_\_\_\_

**Bank name:** \_\_\_\_\_ **Bank Route Code** \_\_\_\_\_

**Policyholder name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

By signing this form I authorize RealCare to draw funds from my account to pay insurance premiums and administration fees. I have the right to stop debit entries to my bank account by notification to RealCare Insurance Marketing, Inc. three (3) days or more before this payment is scheduled to be made. **I understand that premium increases will be passed through as they occur and will be collected unless I notify RealCare in writing to terminate my insurance plan.**

Signature of depositor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Application Checklist:**

- ✓ Remember to **answer** all questions and **sign** the application for the plan you are choosing.
- ✓ Enclose the first month's **premium (even if you are selecting the electronic fund transfer payment option)**.  
Include premiums for all applicable insurance plans (medical, dental, vision and life insurance).  
Make your check payable to RealCare Insurance Trust Account (RITA).
- ✓ If you are choosing the electronic fund transfer payment method, enclosed a **voided check** and completed EFT form (above) with your initial premium check. **The first month's premium must be submitted even if you elect the EFT payment option.**
- ✓ Include **proof of eligibility**. if you are a new C.A.R. member or W-2 employee of a C.A.R. member. For Blue Shield coverage, if you are enrolling outside of open enrollment, you must have a qualifying event. Please refer to the *Enrollment Dates* section to review a list of qualifying events.
- ✓ Have questions or need assistance? Call 1-800-939-8088, option 1

**Mail application to:**  
RealCare Insurance Marketing  
19310 Sonoma Highway, Ste. A  
Sonoma, CA 95476