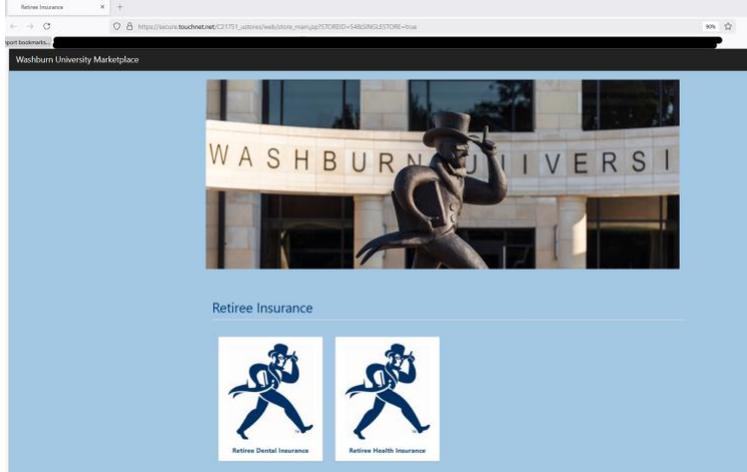


Instructions for paying retiree BCBS insurance online.

Either scan the QR code or go to the website mentioned. This will be where you land:



From here, you will select either Retiree Dental Insurance or Retiree Health Insurance. For some, you might end up having to click both options.

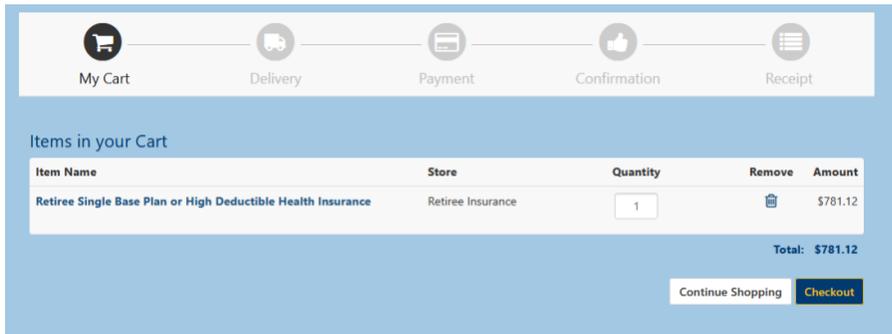


You will want to select the options that correlate to your statement. Once you click the correct option, it will take you to a page that looks like this:



At this point you will want to select the quantity that you want to pay for and then click Add to Cart.

Your cart will look like this:



Once you have all items added to your cart, you will select Checkout. It will take you to this page:

Retiree Insurance Buyer Information

Please enter the Buyer Information requested for Retiree Insurance.

* Indicates required information

Name

First Name * John Last Name * Smith

Invoice Number(s) * 10000
(1-100 characters)

Please enter your telephone number with Area Code * (785) 123-4567

Email * johnsmith@gmail.com
(8-50 characters)

Payment month(s) *

January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

Back Continue Shopping Continue

Fill out all required fields.

After you hit continue, it will make you enter your email address again:

Contact Information * Indicates required information

Email: *

[Back](#) [Continue Shopping](#) [Continue](#)

Next up will be payment information. Once you have that entered, hit continue.

My Cart — Delivery — **Payment** — Confirmation — Receipt

Payment Method

Payment Method: * * Indicates required information

Available Payment Methods

Credit Card

Credit Card Number: * * Indicates required information

Expiration Date: *

Security Code: *

[View example](#)

Billing Address

Name: * * Indicates required information

Address Line 1: *

Address Line 2:

Country: *

City: *

State:

Postal Code:

[Back](#) [Continue Shopping](#) [Continue](#)

Next up is your confirmation page. Hit submit order when you are ready to continue.

[My Cart](#) — [Delivery](#) — [Payment](#) — **Confirmation** — [Receipt](#)

Review Order

Payment Information

Payment	Details	Billing Information	Summary
Visa	xxxxxxxxxxxx	Mary Topeka, KS United States	Retiree Single Dental Insurance: \$35.39 Tax: \$0.00 <hr/> Total: \$35.39

[Change Payment Information](#)

Contact Information

@gmail.com [Edit](#)

Return Policy Agreement

Retiree Insurance
Contact payroll@washburn.edu with questions.

⚠ By clicking Submit I agree to the above Return Policy.

[Back](#) [Print Agreement](#) [Continue Shopping](#) [Submit Order](#)

The final page is your receipt.

 [My Cart](#) —  [Delivery](#) —  [Payment](#) —  [Confirmation](#) —  [Receipt](#)

Thank You!

This is your Order summary.
Confirmation email will be sent to the following address: [redacted]@gmail.com

[Print](#) [Continue Shopping](#)

Order #8257 - Retiree Insurance

Payment	Details	Billing Information
Visa Reference Number: 20250411000008 Card Type: Visa	XXXXXXXXXXXX [redacted] [redacted]	Mary [redacted] [redacted] Topeka, KS [redacted] United States

Buyer Info Prompt	Buyer Info Answer
Name	[redacted]
Invoice Number(s)	100000
Please enter your telephone number with Area Code	+1 785 [redacted]
Email	[redacted]@gmail.com
Payment month(s)	May

Item Information	Quantity	Amount
Retiree Single Dental Insurance	1	\$35.39
	Subtotal:	\$35.39
	Tax:	\$0.00
	Total:	\$35.39

Feel free to print or take a screenshot for your records.

You have received this email from payroll@washburn.edu in response to your Order.

Order Receipt

Thank you for your payment. Contact payroll@washburn.edu with questions.

Retiree Single Dental Insurance
Your payment has been processed. Contact payroll@washburn.edu with questions.

Order: 8287
Store: Retiree Insurance
Order Time: April 19, 2025 at 9:28:38 AM CDT
Total: \$35.39

Billed To:
██████████
██████████, NJ
██████████
United States

Contact Email:
██████████@gmail.com

Payment Information:
Payment Type: Credit Card
Credit Card Number: ██████████
Reference Number: 2025041900000
Card Type: Visa
*** Card Not Present ***

Shipping Information:
Shipping Information: 8082
Delivery Method: None

Item	Quantity	Unit Price	Detail Total
Retiree Single Dental Insurance	1	\$35.39	\$35.39
		Subtotal:	\$35.39
		Tax:	\$0.00
		Total:	\$35.39

Order Information:
Name: ██████████
MID: ██████████
Invoice Number(s): 100000
Please enter your telephone number with Area Code +1 708 ██████████
Email: ██████████@gmail.com
Payment month(s): May

Return Policy Agreement:
Contact payroll@washburn.edu with questions.
For questions, comments, or Order status, send email to payroll@washburn.edu and refer to Order 8287. Valid 4/18/2025.

Print 1 sheet of paper

Destination: fosavin on printbod

Pages: All

Copies: 1

Layout: Portrait

More settings

Paper size: Letter (8.5" x 11")

Pages per sheet: 1

Margins: Default

Quality: 600 dpi

Scale: Custom 85

Two-sided: Print on both sides

Flip on long edge

Print Cancel