

SIMPLE PAYMENT OPTIONS



MAKE YOUR ENROLLMENT PAYMENTS EASILY

Make your enrollment payments without writing checks or submitting payment forms.

IT'S SIMPLE!

The US Family Health Plan at Martin's Point can automatically charge your credit card or bank account for the quarterly installments of your enrollment fee or simply deduct it monthly from your retirement pay or bank account. Simply fill out this form, and return it with the stub of your invoice.

Quarterly Payments Will Be Charged On:

- ✦ October 1st
- ✦ January 1st
- ✦ April 1st
- ✦ July 1st

PLEASE NOTE

- ✦ If you change or close your designated account, please contact us.
- ✦ In the event that your payment does not clear, you will be notified and asked to reconcile as soon as possible so as not to disrupt your health coverage.
- ✦ The submission of this form will cover one year of enrollment fee payments. At the beginning of the next year's enrollment, we will provide you with the option of automatic charges again.
- ✦ If you wish to change your method of payment, we request that you notify us as soon as possible.

BE SURE TO

- ✦ Sign the agreement
- ✦ Include voided check or deposit slip if using checking account
- ✦ Include stub from invoice
- ✦ Enclose in return envelope or mail to:

Finance Department
US Family Health Plan at Martin's Point
P.O. Box 9746
Portland, ME 04104-5040



US FAMILY HEALTH PLAN AT MARTIN'S POINT

SIMPLE PAYMENT OPTIONS



Make Your Enrollment
Payments Without Writing
Checks or Submitting
Payment Forms



SIMPLE PAYMENT OPTIONS (SPO) AUTHORIZATION AGREEMENT

SPO combines security and convenience while giving you peace of mind knowing your payment is made on time, every time.

Please fill out only the section for the option that you are choosing *and the authorization for that section*. Please print all information.

OPTION 1: CHARGE TO CREDIT CARD

Charge quarterly payments to your credit card or ATM debit card.

Card type: Visa MasterCard
 Discover American Express

CREDIT CARD NUMBER

PRINT NAME (AS IT APPEARS ON CREDIT CARD)

EXPIRATION DATE SECURITY CODE (THE LAST 3 NUMBERS ON THE BACK OF YOUR CARD)

OPTION 2: DEDUCT FROM BANK ACCOUNT

Please include a voided check or deposit slip from this account.

Deduct from my account: Monthly Quarterly
The account is: Checking Savings

BANK NAME CITY STATE

ROUTING # (THE FIRST 9 NUMBERS AT THE BOTTOM LEFT SIDE OF CHECK)

ACCOUNT #

Please check here if bank account is in a name other than the sponsor.

ACCOUNT HOLDER NAME

ACCOUNT HOLDER SOCIAL SECURITY NUMBER

Joint account? Yes No If Yes, please list additional name(s).

ADDITIONAL NAME(S) ON JOINT ACCOUNT

OPTION 3: MONTHLY ALLOTMENT (DEDUCTION) FROM MILITARY RETIREMENT PAY

Please start a monthly allotment to Martin's Point Health Care from my retirement pay for US Family Health Plan enrollment fees in the amount of \$_____ (Single \$19.17 or Family \$38.34).

I have enclosed a payment (personal check, cashier's check, traveler's check, money order, or credit card) for the 3-month payment (Single \$57.50 or Family \$115.00).

Card type: Visa MasterCard Discover American Express

AMOUNT TO CHARGE TODAY'S DATE

CREDIT CARD NUMBER

PRINT NAME (AS IT APPEARS ON CREDIT CARD)

EXPIRATION DATE SECURITY CODE (THE LAST 3 NUMBERS ON THE BACK OF YOUR CARD)

AUTHORIZATION FOR OPTION 3 (YOU MUST SIGN TO AUTHORIZE TRANSACTIONS)

I hereby authorize this allotment to be taken from my military retirement pay. I understand that it will remain in effect until I request that it be changed or stopped. However, as a courtesy to me, I also authorize Martin's Point Health Care to automatically stop this allotment at a future date if I become disenrolled from the US Family Health Plan for any reason, including transferring my enrollment to a different US Family Health Plan/TRICARE region.

NAME SOCIAL SECURITY NUMBER PHONE NUMBER

ADDRESS CITY STATE ZIP

SIGNATURE DATE

Martin's Point Health Care will attempt to start the allotment from your military retirement pay by the next payment due date. You will be notified by Martin's Point Health Care to make alternative payment arrangements if the allotment from your retirement pay could not be started by this date.

AUTHORIZATION FOR OPTION 1 OR 2 (YOU MUST SIGN TO AUTHORIZE TRANSACTIONS)

Account holder(s) authorize Martin's Point Health Care to start electronic debit entries to the account shown. The enrollment fees will be debited from this account monthly or on the quarterly due dates listed on this brochure.

SPONSOR NAME SPONSOR SOCIAL SECURITY NUMBER PHONE NUMBER

ADDRESS CITY STATE ZIP

SIGNATURE DATE

Please return this form with the stub of your invoice. If you have questions about this form, please call Member Services, toll-free at 1-888-674-8734.