

# Monthly automatic credit/debit card charge

**Privacy Act statement:** This statement serves to inform you of the purpose for collecting personal information required by Humana Military's automated information system and how it will be used. **Authority:** 10 U.S.C. 1079 and 1086; 38 U.S.C. Chapter 17; 32 CFR Part 199, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)*; and E.O. 9397 (SSN), as amended. **Purpose:** To obtain information from individuals to validate their eligibility as beneficiaries, grant access to the Humana Military website, and provide beneficiary services available through Humana Military to validated individuals, including physician referrals, healthcare authorizations, claims payment, assignment of beneficiaries to physicians and informational contact with validated beneficiaries. **Routine uses:** Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, *Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules*, as implemented by DoD 6025.18-R, the *DoD Health Information Privacy Regulation*. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the *Privacy Act of 1974*, as amended, these records may be specifically disclosed outside the Department of Defense as a routine use under 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services and Homeland Security, and to other Federal, State, local, and foreign government agencies, private business entities under contract with the Department of Defense, and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation. **Disclosure:** Voluntary; however, failure to furnish all requested information will result in an individual not being able to receive the service/information as stated on this form.

**Attention:** Do not submit payment information via secure mail or chat functions – or in the text of your message. Any payment information received via secure mail or chat will be deleted and will not be processed. You should only submit payment information when making a payment online or via mail or fax as stated on beneficiary forms.

## Step 1: Identify your current TRICARE program

Prime  Select  Reserve Select (TRS)  Retired Reserve (TRR)  Young Adult (TYA)

## Step 2: Identify action requested

Start new charge  Change credit card(s)  Stop existing charge

## Step 3: Identify sponsor for Prime, Select, TRS, TRR or TYA

Sponsor name: \_\_\_\_\_

Sponsor SSN: \_\_\_\_\_

Young adult name: \_\_\_\_\_

Young adult SSN: \_\_\_\_\_

## Step 4: Provide credit card information

Select the card type:  Visa  Master Card  Discover

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

## Step 5: Sign and date

I authorize Humana Military to automatically charge my monthly TRICARE premium to my credit or debit card.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Monthly fee information

- Charges will be processed to your card between the first and fifth of each month
- Prime enrollment fees are approximately one-third of your current quarterly rate
- All fee payment information is available in beneficiary self-service under "view payment."
- If your automatic charge fails due to insufficient available funds, a \$20 service fee will be charged



Mail or fax the completed form:

**Mail:**  
Humana Military  
PO Box 105389  
Atlanta, GA 30348-5389

**Fax:**  
(866) 836-9549