

TRICARE® RESERVE SELECT (TRS) / TRICARE RETIRED RESERVE (TRR) ELECTRONIC FUNDS TRANSFER (EFT) / RECURRING CREDIT CARD (RCC) REQUEST FORM

Instructions: Please select the preferred automated payment method and fill out the required fields. Your account must be current to start an automated payment. If payment is due within the next 30 days, please enclose a payment by check or credit card. For EFT requests: if paying current by credit card, please select One-Time Payment and complete the credit card information, in addition to the EFT information. RCC requests will be brought current using the card indicated if no check is enclosed. In the event the monthly transaction is rejected, Health Net Federal Services will stop the automated payment option and bill for any amount due.

SPONSOR INFORMATION

Name _____ Sponsor SSN _____ - _____ - _____

Action Requested:

- Please **START** a monthly payment option
 Please **CHANGE** my existing authorization
 Please **STOP** my existing authorization

Please note: If you voluntarily disenroll from TRS/TRR, your recurring monthly payment will automatically stop.

ELECTRONIC FUNDS TRANSFER (EFT)*

Account Holder's Name (Please Print) _____

Financial Institution Name _____

9 Digit Bank or ABA Routing Number _____

Account Number _____ Checking Savings

VISA/MasterCard Recurring Credit Card Payment (RCC) One Time Payment

Cardholder Name (Please Print) _____

Card Number _____ Exp Date (MM/YYYY) ____ / ____

Card Validation Number _____

Signature _____

This signature authorizes Health Net Federal Services to start a monthly automated payment option using the method selected above. Health Net Federal Services is also authorized to charge the credit card account indicated the fees needed to start my EFT or RCC. I understand that Health Net will assess a \$20 administrative fee for any payments returned due to insufficient or unavailable funds.

For **New Enrollments**, include this request with the Enrollment Form. Please complete, sign, and mail this form and payment to:

HEALTH NET FEDERAL SERVICES, LLC
P.O Box 105402
Atlanta, GA 30348-5402

For **Existing Enrollments**, include this request with your billing statement coupon. Please complete, sign, and mail this form and payment to:

HEALTH NET FEDERAL SERVICES, LLC
PO BOX 0892
Carol Stream, IL 60132