



**TRICARE Reserve Select (TRS)
Credit Card & EFT Authorization Form**



Directions for completing this form are provided on page 2 of this form.

Section I. Select One:

- New Enrollment - Update/change current Enrollment - Cancel current Enrollment

Please note, payment of any past due amount is required to set up an automated monthly payment account. If you have any unpaid balance over 30 days, it will be charged/debited before new automatic payments takes place. By signing this form you are authorizing International SOS Assistance, Inc. as applicable, to initiate debits/credit card charges (and/or corrections to previous debits/charges) from my account with the financial institution identified by me on this form for payment of my TRS/TRR premiums. A fee of \$20 may be applied for insufficient funds.

This authorization will remain in effect until I provide written notice revoking the authorization to International SOS Assistance Inc, at least 10 days before my account is to be debited/charged.

Section II. Subscriber information

Subscriber name: _____ DEERS family ID: _____

Mailing address, city, state, ZIP: _____

Subscriber daytime phone number: _____ e-mail: _____

Section III. Select an option below and complete the section.

Option #1 - Financial Institution Information for Electronic Fund Transfer (EFT)

Type of account: - Checking** - Savings

Bank routing/transfer number: _____ Bank account number _____

Name of financial institution: _____

Name(s) on bank account: _____

Branch address, city, state, ZIP: _____

Branch telephone number: _____

Option #2 - Credit card payments

Type of account: - Visa - MasterCard

Cardholder name: _____ Credit Card Number: _____

Cardholder billing address: _____

City: _____ state: _____ ZIP: _____ Country: _____

CVV/CVV2: _____ Expiration date: _____

Option #3 - Authorization to stop Automatic Payment

I, _____ authorize International SOS Assistance, Inc to cancel my monthly automatic payment.

Cancellations will be made within 3 days of receipt of this form. Please allow time for mailing. Please note that automated payments are made on the 1st of every month. If you are disenrolled from TRS, your automated payment will stop, you do not need to request to stop payments.

Section IV. Authorized signature *

By signing this form, you are authorizing International SOS Assistance, Inc to process the request as completed above.

Signature

Date

Print Name



**TRICARE Reserve Select (TRS)
Credit Card & EFT Authorization Form**



Form Instructions

Use this form if you would like to sign up for automatic monthly payments using your credit/debit card or and electronic fund transfer from your bank account. You will no longer receive a monthly invoice for your TRS Premiums if you elect to sign up for automated payments. Forms will be process within 10 days of receipt. Automated payments occur on the 1st of every month. Upon receipt of this form International SOS will process all outstanding charges (if any) and your monthly payments will begin on the 1st of the month.

Section I. Check a box to indicate whether this authorization form will be use for:

New Enrollment -or- Update/change current Enrollment -or- Cancel current Enrollment

Section II. – Subscriber Information

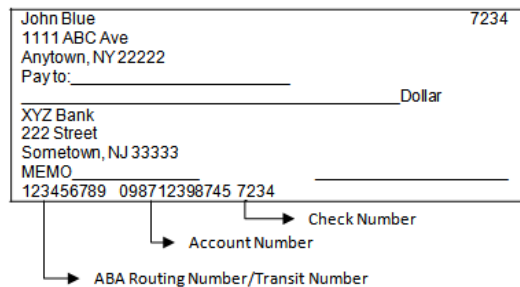
Complete Subscriber information. Please do not leave anything blank. Please provider a phone number where we can reach you if we need your assistance in processing the information you provided on this form.

Section III. - Choose Automatic payment option

Complete section for EFT (Electronic Funds Transfer) for checking or savings account debits, or the Credit Card section for Visa or MasterCard payments.

Option #1 – Electronic Fund Transfer (EFT) from your Checking or Savings Account

For EFT, enclose a blank check mark “VOID.” If you prefer not to attach a voided check, you must provide your bank account number and routing/transit number (see below). The example provide below is for US bank accounts. If you are using non-US financial institution, please contact your financial institution for assistance in obtaining your required information for this form.



Option #2 - Credit card payment by Visa and MasterCard

Credit card payments are only offered for Visa or MasterCard. For your added security, we ask that you provide your credit card CVV code. The CVV is a three- or four-digit value printed on the back of your card located near your signature strip.

Option #3 - Authorization to stop Automatic Payment:

Please complete the section if you would like International SOS Assistance, Inc. to stop your monthly payments. Please fax or mail your request at least 10 days before your account is scheduled for debit or charged.

Section IV. Authorized signature

* You will continue to be charged the amount owed for premiums until you choose to cancel your automatic payment schedule. If you choose to cancel your automatic payment, or if changes are made to the account being charged, please send completed form by mail or fax as provided below.

** EFT from checking account must provide voided check.

How to Submit Form:

Submit a completed copy of page 1 of this form via one of the options below

Mail to:

International SOS Assistance, Inc
Attention: TRS Accounts Receivable
PO Box 11689
Philadelphia, PA 19116

Fax to:

FAX: +1 215-354-2340