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

Health Net® FEDERAL SERVICES | TRICARE®

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by Health Net Federal Services, LLC (Health Net) on behalf of the TRICARE® program, and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; 32 CFR Part 199, and E.O.9397 (SSN), as amended.

PURPOSE: This information will be used by Health Net to electronically debit or stop payment of your monthly enrollment fees from your checking or savings account, or credit card.

ROUTINE USES: Your information may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at http://dpclo.defense.gov/privacy/SORNs and as permitted by ther Privacy Act of 1974 as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), and includes purposes of treatment, payment, and health care operations.

DISCLOSURE: Voluntary; if you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process an individual's request.

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 will stop the automated payment option and bill for any amount due. Changes to existing EFT or RCC payments must be received by the 20th of the current month to be effective the next month.*

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 _____

Nine-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) ___ / _____

Signature _____

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

Please complete, sign, and mail this form and payment to:

HEALTH NET FEDERAL SERVICES, LLC
PO Box 8490, Virginia Beach, VA 23450-8490
FAX: 1-888-745-1550