I wish to have the premiums for my insurance plan as indicated on this form paid by the following credit card.

Name: _____

Certificate Number: _____

*Please Circle Card Type: ☐ **MASTER CARD** ☐ **VISA**

Expiration Date: _____

Card Number: _____

**Circle Billing Mode Option ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

I understand by signing up for the Credit Card Deduction, I will no longer receive a notice of premium due for my premium contributions, and that this process will continue until I notify you in writing to terminate the deductions.

_____ _____

Signature Date

Please be sure to continue to pay your premiums manually until you are notified of the change in premium payments to the credit card you authorized.

This change in billing will not go into effect until your next renewal date.

Notice of a change in your payment amount due to a change in benefits or rates under the Plan will usually be sent about 30 days before the due date.

*Only MasterCard and Visa Cards are accepted.
**Not all billing mode options are available for all plans.