TRICARE South

Enrollment Fee Allotment Authorization

Please type or print all entries.

Name: Last	First	M.I.	SSN

Home Address: Street	Apt. No.	City	State	Zip Code

Indicate below the action you wish to take for the allotment process.

Please mark one of the three boxes and complete the requested information.

☐ Please **Start** a monthly allotment to Humana from my retirement pay for TRICARE Prime enrollment fees for the TRICARE South Region in the amount of: $_____ (Single $19.17 or Family $38.34).

I have enclosed a payment (personal check, cashier's check, traveler's check, money order or credit card, e.g., Visa/Master card) for the 3-month payment ($57.50 individual or $115.00 family) of TRICARE Prime enrollment fees payable to Humana Military Healthcare. I understand that this payment is waived when transferring from another region and an allotment has already been set up in the prior region.

☐ Please **Change** my existing monthly allotment to Humana from $ _____ to $ _____ .
My status changed as of (MM/YY) _____/_____ . Single to Family ($19.17 to $38.34)
Family to Single ($38.34 to $19.17)

☐ Please **Stop** my existing allotment to Humana so that my Prime coverage is paid through the last day of (MM/YY) _____/_____ .

I hereby authorize this allotment to be taken from my military retirement pay. I understand that it will remain in effect until I request that it be changed or stopped. However, as a courtesy to me, I also authorize Humana to automatically stop this allotment at a future date if I become disenrolled from the TRICARE South Region for any reason, including transferring my enrollment to a different TRICARE region.

Signature (Required): _____ Date: _____

Humana will attempt to start the allotment from your military retirement pay by the next payment due date. You will be notified by Humana to make alternative payment arrangements if the allotment from your retirement pay could not be started by this date.

Mail this form with your Enrollment application if completing it as a part of your new enrollment.

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

Humana Military Healthcare Services
ATTN: PNC Bank
P.O. Box 105838
Atlanta, GA 30348-5838

If we already have your initial payment, you may fax this form to:
Fax: 1-866-836-9455