TRICARE Reserve Select (TRS) Auto Charge Request Form

If you would like to have your TRS premiums automatically charged to your debit or credit card each month, complete this form and return it to the address below.

Please Note: Charges will be processed to your card between the first and fifth of each month.

Sponsor Name: _____

Sponsor SSN: _____

I authorize Humana Military Healthcare Services to automatically charge my monthly TRICARE Reserve Select coverage premium to my credit or debit card.

Signature: _____ **Date**: _____

Premium Amount:

☐ Member Only Coverage $81.00

☐ Member & Family Coverage $253.00

Select the card type:

_____ Visa _____ Master Card _____ American Express _____ Discover

Account Number: _____

Expiration Date: _____

Mail to: Humana Military Healthcare Services, Inc.
Attn: TRICARE Reserve Select
P.O. Box 105389
Atlanta, GA 30348-5389

or

Fax to: 1-866-836-9515