



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to investigate and respond to the complaint(s) or grievance(s) stated herein.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Failure to provide information may result in the denial of program participation due to lack of necessary information.

By signing this form you are authorizing International SOS Government Services, Inc. as applicable, to initiate debit/credit card or EFT charges (and/or corrections to previous debits/charges) from your account with the financial institution identified on this form for payment of TRS/TRR/TYA premiums. *A fee of \$20 will be applied to all returned / declined payments.*

Important note for auto monthly payments: 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 occur. By signing this form you are authorizing International SOS Government Services, Inc., as applicable, to initiate debit/credit 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/TYA premiums. This authorization will remain in effect until I provide written notice revoking the authorization to International SOS Government Services, Inc., at least 10 days before my account is to be debited/charged.

PLEASE SELECT PROGRAM: *TRS* *TRR* *TYA Standard* *TYA Prime*

Section I. Beneficiary/Sponsor Information (be sure to complete ALL fields)

TRS/TRR/TYA Sponsor Name:		Mailing Address:	
DEERS Family ID / SSN / DoD Benefits Number (DBN):			
TYA Enrollee Name:			
TYA Enrollee SSN:	Daytime Phone Number:	Email Address:	

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

Option #1 - Electronic Fund Transfer (EFT) – Please attach VOIDED check Type of account: Checking Savings

Bank Routing/Transfer Number:	Name of Financial Institution:		
Bank Account Number:	Name(s) on Bank Account:		

Option #2 - Credit card payments Type of account: Visa Master Card

Cardholder Name:		Cardholder Billing Address:	
Credit Card Number:	City:	State:	
CVV/CVV2:	Expiration Date:	Zip code:	Country:

Section III. Authorized Signature

Signature	Print Name	Date
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Form Instructions

Use this form to initiate a TRS/TRR/TYA premium payment using your credit/debit card or an electronic fund transfer from your bank account. Forms will be processed within 10 days of receipt. Upon receipt of this form, International SOS will process all outstanding charges (if any) due for your TRS/TRR/TYA premium program balance.

Section I. Beneficiary/Sponsor Information

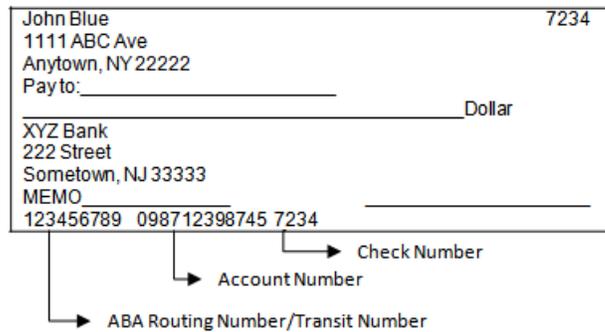
Complete TRS/TRR/TYA Sponsor account information. Please do not leave anything blank. Please provide a phone number and e-mail address where we can reach you if we need your assistance in processing the information you provided on this form.

Section II. Choose payment option

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

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

For EFT, enclose a blank check marked "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 provided below is for U.S. bank accounts. If you are using a non-U.S. financial institution, please contact your financial institution for assistance in obtaining your required information for this form.



Option #2 – Credit card payment by Visa or Master Card

Credit card payments are only offered for Visa or Master Card. 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.

How to Submit Form

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

Mail to:

International SOS Government Services, Inc.
 Attention: TRS/TRR/TYA Accounts Receivable
 PO Box 11689
 Philadelphia, PA 19116

Fax to: +1 215-354-2340

Email Address: TRSOverseasFinance@internationalsos.com

**To protect your personal information, please ensure when sending these documents via email, you send the documents as password protected attachments, with the password sent in a separate email.*