US FAMILY HEALTH PLAN

Enrollment Fee **Allotment Authorization Letter**

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 USFHP from my retirement pay for USFHP enrollment fees in the amount of: $_____ (Single $23.55 or Family $47.10)

*I have enclosed a payment (personal check, cashier's check, traveler's check, money order or credit card) for the initial *3-month payment ($70.65 individual or $141.30 family) if required.*

Please circle card type: Visa / MasterCard

Card number: _____ Exp. ___/___ Amount: $_____ Today's date: _____

☐ Please **Change** my existing monthly allotment to USFHP from $ _____ to $ _____ .
My status changed as of (MM/YY) _____/_____ .
Single to Family ($23.55 to $47.10)
Family to Single ($47.10 to $23.55)

☐ Please **Stop** my existing allotment to USFHP so that my USFHP 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 USFHP to automatically stop this allotment at a future date if I become disenrolled from the USFHP for any reason, including transferring my enrollment to a different USFHP/TRICARE region.

Signature (Required): _____ Date: _____

USFHP will attempt to start the allotment from your military retirement pay by the next payment due date. You will be notified by USFHP 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:

CHRISTUS - US Family Health Plan
PO Box 169001
Irving, TX 75016
1-800-678-7347