

**Credit Card Automatic Premium Payment Authorization Form**

ONLY complete if you want your premium to be automatically charged to your credit card.

Customer Name:	Customer ID Number:
Customer Home Phone Number: _____ - _____ - _____	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number: 	Expiration Date: / Month Year
Cardholder Name (as it appears on your Credit Card):	
Cardholder Billing Address: _____	
City: _____ State: _____ Zip: _____	
I hereby authorize Cigna Health and Life Insurance Company (my Cigna-HealthSpring Rx plan sponsor) to charge from my credit card listed above my monthly Cigna-HealthSpring Rx premium amount due, and if applicable any late enrollment penalty amount due, but no more than the total of two (2) month's premium in any given month. In the event my monthly premium is lower than the expected monthly premium due to overpayments or adjustments, I authorize Cigna Health and Life Insurance Company to automatically deduct my credit card for the lower amount due. This automatic deduction must go through my credit card approval process; therefore I understand the first deduction could take up to 45 days to process. Once approved, this deduction will occur once per month and will continue as long as I am enrolled in the Cigna-HealthSpring Rx plan or until I select another payment method. I understand this authorization will remain in effect regardless if my annual premium changes at any time during my enrollment unless I verbally or in writing revoke this authorization. If the monthly premium amount changes, I will be notified in writing prior to any changes in the amount deducted from my credit card.	
Cardholder Signature:	Today's Date: ____ / ____ / _____

MAIL THIS COMPLETED AND SIGNED FORM TO:
Cigna-HealthSpring Rx (PDP)
PO Box 269005
Weston, FL 33326-9927
Or fax to: 1-800-735-1469

Questions call: 1-800-222-6700
(TTY users call: 711)
8am - 8pm local time, 7 days a week.
Our automated phone system may answer your call during weekends from April 1 – Sept. 30.

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