



Cigna Monthly Credit Card Authorization Agreement

I hereby authorize Cigna HealthCare of Arizona, Inc. (Cigna) to debit my credit card between the 5th and 8th business day of each month for my monthly premium payment. If funds are not available, Cigna will make **one** attempt to contact me to correct the situation. If my credit card is declined for any reason, I understand I will be responsible to pay my premium for the current month. If premium amounts change, I authorize a debit for the new amount in order to continue this service.

I understand that this authorization will be in effect until I notify Cigna in writing that I no longer desire this service, or until such time that the information on this form is no longer valid. Cigna requires a reasonable amount of time (*usually two weeks*) to revoke this agreement, once it has been received at the address listed below. I also understand that by cancelling this service, I am not cancelling my health care coverage.

Credit card enrollment Credit card change Credit card cancellation

TO START MONTHLY CREDIT CARD DEDUCTION:

- Complete and sign form.
- **Include credit card number and expiration date.**
(You will not be set up on credit card deduction unless this is included.)

Customer name _____ Customer ID number _____

Address _____
STREET CITY STATE ZIP

Daytime telephone _____ Monthly premium amount \$ _____

VISA DISCOVER AMERICAN EXPRESS MASTERCARD

Credit card number _____ Expiration date _____

Month in which to begin automatic deduction _____

Name as it appears on the card (please print) _____

Cardholder ZIP Code _____

Cardholder signature _____ Date _____

IMPORTANT NOTE: Signed authorizations received by Cigna before the 25th of each month will take effect the following month; those received on or after the 25th of the month will take effect the month after. (For example, an authorization received on January 27th will take effect in March). Please retain a copy of this authorization for your records and notify us immediately of any changes to the information provided above.

Mail to: Cigna
Attn: Payment Control Department
P.O. Box 29030
Phoenix, AZ 85038-9971
Phone: 1-800-973-2580 (option 1)
Fax: 623-277-1025