



# Premium Payment Form

## RED RIVER PARISH PUBLIC SCHOOLS - RETIREES

If you are paying by credit card or electronic check, fax this form to (725) 240-7768. If you are paying with a paper check, mail it with this form to BrightBenefits, PO BOX 81950, Las Vegas, NV 89180.

### Subscriber Information

Last Name		First Name		M.I.	Date of Birth	
Address			Apt.	City		State ZIP
Phone Number		Email		Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Member ID		Employer				

### Benefit Selection

I wish to enroll in (select one or both):  Dental  Vision

### Dental - Coverage Selection & Rates

Coverage Selection	Monthly Rates
<input type="checkbox"/> Subscriber	\$36.42
<input type="checkbox"/> Subscriber +1	\$68.98
<input type="checkbox"/> Subscriber +2 or More	\$114.92

### Vision - Coverage Selection & Rates

Coverage Selection	Monthly Rates
<input type="checkbox"/> Subscriber	\$8.72
<input type="checkbox"/> Subscriber +1	--
<input type="checkbox"/> Subscriber +2 or More	\$20.98

### Payment Method

I prefer to make:  Recurring Monthly (1<sup>st</sup> of Month)  One Time Annual (Payment in Full)

\*If no option is selected, payment will be withdrawn on the 1st of each month (Recurring Monthly), at your selected payment method below. You may change this option at anytime by contacting PrimeCare Administrators, Inc., on behalf of BrightBenefits, at (702) 478-2014 or (866) 998-3944.

Card Payment			
Card (select one)	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	Card #	Security Code (CVV) Expiration Date (MM/YY)
Amount \$	Billing Address		Billing ZIP Code

Electronic Check Payment		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name	Bank Routing Number
Bank Account Number	Amount \$	Account Holder's Name

By my signature below, I authorize payment to PrimeCare Administrators, Inc., on behalf of BrightBenefits, according to my preferred payment method.

**If you have questions, we are happy to assist. Please call customer care at (702) 478-2014 or (866) 998-3944.**

\_\_\_\_\_  
Subscriber signature

\_\_\_\_\_  
Date mm/dd/yy