



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 (1st 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*If no option is selected, payment will be withdrawn on the 1st of each month (Recurring Monthly), at your selected payment method below.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