ASSURANT
Health

One-Time Credit Card Payment Authorization

Assurant Health
501 W. Michigan
P.O. Box 624
Milwaukee, WI 53201-0624

Telephone: (800) 553-7654
Fax: (414) 299-8493

Policy Number: _____

Insured's First and Last Name: _____

AUTHORIZATION FOR CREDIT CARD PAYMENT
When selecting MasterCard/VISA: I authorize Time Insurance Company to charge my account for the Individual Medical policy listed above. This one-time payment includes any current and past due premiums as of the day the signed request is received. After this one time payment, the previous billing method will resume.

☐ **VISA** ☐ **MasterCard**

Credit Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date: __ __ / __ __

Name as it appears on card: _____

If cardholder address is different than resident address, please complete:

_____

Cardholder Address City State ZIP

Cardholder Phone Number: (__ __ __) __ __ __ - __ __ __ __

_____

Signature of Cardholder **Date Signed**

Return completed form to the address or fax listed above.

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.
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