



FPP Bank Draft and Credit Card Authorization

Name of Payor/Cardholder (Print First Name, MI, Last Name): _____

Name of Policy Owner (if different from Payor) (Print First Name, MI, Last Name):

Debit/credit on the day of the month (1-10 only). **If no election is made, debits/credits will be made on the day of policy. Debits for the initial premium will be made when the policy is issued. Recurring payments will be debited on the day selected.**

☐ **Authorization for Automatic Payment by Bank Draft**

Route and Transit Number: Account Number:

Bank Name and Address:

Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: ☐ savings account ☐ checking account

If bank draft, please attach a voided check.

☐ **Credit Card Information** (Annual fee of \$12.00 applies to credit card billing if allowed by your state)

Credit Card Number: Expiration Date (MM/YY) /

Card Type ☐ Visa ☐ Mastercard 3 or 4-digit security code found on the back of most cards:

Name as it appears on the credit card statement. (If different from Payor)

Card Holder (First Name, MI, Last Name): _____ Suffix: _____

Kanawha shall not incur any liability if the credit card company does not honor the charge and the coverage shall lapse subject to nonforfeiture provisions.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to charge my credit card every payment period for payment of premiums.

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each debit/charge shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the policy will be payable on the same billing date.

Signature of Payor/Card Holder: _____ Date: (MM/DD/YYYY) / /

Signature of Policy Owner (if different from Payor): _____ Date: (MM/DD/YYYY)

 /

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Insured by Humana Insurance Company or Kanawha Insurance Company

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-855-448-6982 or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-855-448-6982 or, if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **855-448-6982 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **855-448-6982 (TTY: 711)**.

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **855-448-6982 (TTY: 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **855-448-6982 (TTY: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **855-448-6982 (TTY: 711)** 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **855-448-6982 (TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **855-448-6982 (телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **855-448-6982 (TTY: 711)**.

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **855-448-6982 (ATS: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **855-448-6982 (TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **855-448-6982 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **855-448-6982 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **855-448-6982 (TTY: 711)**.

日本語 (Japanese):

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **855-448-6982 (TTY: 711)** まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. **855-448-6982 (TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **855-448-6982 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **855-448-6982 (رقم هاتف الصم والبكم: 711)**.