



# Individual

## Credit/Debit Card Authorization

Common Ground Healthcare Cooperative accepts monthly premium payment using a MasterCard, Visa or Discover credit/debit card.

**To pay utilizing your credit or debit card:**

1. Complete the information below
2. Sign and date
3. Mail to: CGHC  
Box 78553  
Milwaukee, WI 53278-8553

**You must complete this form each time  
you wish to pay your premium using a credit or debit card.**

To set-up a recurring monthly payment using a credit or debit card, go to [www.CommonGroundHealthcare.org](http://www.CommonGroundHealthcare.org) and click on "Pay My Premium" to establish payment.

<b>Please PRINT:</b>		
<b>Member's Last Name:</b>	<b>Member's First Name:</b>	<b>Member's Middle Name:</b>
<b>Member ID Number:</b>	<b>Amount of Debit Withdrawal:</b>	<b>Premium Month/Invoice Number:</b>
<b>Expiration Date:</b>	<b>Type of Card:</b>	
	<b>Master Card</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/>	

**Card Number**

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I hereby authorize Common Ground Healthcare Cooperative to deduct the premium amount from the card number listed above, for the benefit of the member listed above.

Member's Signature	Account Holder's (if different than Member) Signature	Date
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**NON-DISCRIMINATION NOTICE AND AVAILABILITY OF LANGUAGE LINE ASSISTANCE SERVICE**

Common Ground Healthcare Cooperative (CGHC) complies with applicable Federal civil rights laws and does not discriminate. This means that we do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

CGHC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, etc.) We also provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services please call us at 877.514.2442.

If you feel that CGHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance in person, by mail, fax or email by contacting:

**Civil Rights Coordinator:** Carrie Loften  
**Phone Number:** 414.269.4684 (TTY: 711)  
**Fax Number:** 262.754.9690  
**Email:** [CivilRights@CommonGroundHealthcare.org](mailto:CivilRights@CommonGroundHealthcare.org)  
**Mail:** 120 Bishop’s Way, Suite 150  
 Brookfield, WI 53005-6271.

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 of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail to U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201 or by phone at 1.800.368.1019 or 1.800.537.7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>French</b> ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.514.2442 (TTY/TDD: 711)	<b>Spanish</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442 (TTY/TDD: 711)	<b>Chinese</b> 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 1.877.514.2442 (TTY/TDD: 711)
<b>Hmong</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.514.2442 (TTY/TDD: 711)	<b>Vietnamese</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.514.2442 (TTY/TDD: 711)	<b>Arabic</b> معلومات همدردية بلغة عربية: يمكنك الحصول على مساعدة لغوية مجانية. اتصل بنا على الرقم 1.877.514.2442 (TTY/TDD: 711)
<b>Pennsylvania Dutch</b> Wann du [Deitsch] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dir helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.514.2442 (TTY/TDD: 711)	<b>Russian</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.514.2442 (телефайн: 711)	<b>Tagalog</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.514.2442 (TTY/TDD: 711).
<b>German</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.514.2442 (TTY/TDD: 711).	<b>Thai</b> ข้ ยม: ถ้พูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาไทยได้ โทร 1.877.514.2442 (TTY/TDD: 711).	<b>Laotian</b> ໄປດອຽວ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕ້ອງມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.877.514.2442 (TTY/TDD: 711)
<b>Hindi</b> ध्यान दें : यदि आप हिंदी बोलते हैं तो आपके लिए मु त म भाषा सहायता सेवाएं उपलब्ध हैं । 1.877.514.2442. पर कॉल करें । (TTY/TDD:711)	<b>Polish</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.514.2442 (TTY/TDD: 711).	<b>Albanian</b> KUJDES: Nëse flitri shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.877.514.2442. (TTY/TDD: 711)