

# BENEFIT ALLIANCE PAYMENT AGREEMENT AND BANK DRAFT AUTHORIZATION

Applicant \_\_\_\_\_ PLEASE PRINT  New Participant  Change to Existing Plan  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Home Telephone # \_\_\_\_\_ Area Code \_\_\_\_\_

I authorize Special Insurance Services, Inc. (SIS), as Premium Administrator to divide and distribute funds received on my behalf as follows:

<b>BENEFIT</b>	<b>MONTHLY AMOUNT</b>
<input type="checkbox"/> Employee Group Term Life Insurance	\$ _____
<input type="checkbox"/> Spouse Group Term Life Insurance	\$ _____
<input type="checkbox"/> Children's Term Life Insurance Rider	\$ _____
<input type="checkbox"/> Short Term Disability Plan	\$ _____
<input type="checkbox"/> Dental Plan	\$ _____
<input type="checkbox"/> Critical Illness Plan	\$ _____
<input type="checkbox"/> Supplemental Hospital Indemnity Plan - Basic or Premier	\$ _____
<input type="checkbox"/> Mid Med Limited Benefit Medical Insurance - Level 1 or Level 2	\$ _____
<input type="checkbox"/> Accident Plan	\$ _____
<input type="checkbox"/> ActivaScripts Prescription Drug Co-Op Plan	\$ _____
<input type="checkbox"/> Vision Care Plan`	\$ _____
Administrative Fee	+ \$2.00
<b>TOTAL</b>	<b>\$ _____</b>

This authorization is to honor checks drawn by Special Insurance Services, Inc. (SIS) to the Bank named below:

Bank Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Bank Draft Date:**      *Circle Your Choice*      **10th**      **15th**      **20th**  
 (If no date chosen, bank draft will occur approximately the 15th of each month)

As a convenience to me, I hereby request and authorize you to charge my account and to pay checks or Electronic Funds Transfers drawn on my account by and payable to the order of Special Insurance Services, Inc. (SIS) provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in regard to such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing to either SIS (Premium Administrator) or Leslie & Associates, Inc. (Plan Administrator) and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check.

I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of such insurance.

This authorization is effective immediately unless otherwise specified. Furthermore, I authorize SIS to share information with Leslie & Associates, the Benefit Alliance Plan Administrator.

**YOU MUST ATTACH VOIDED CHECK OR COPY OF VOIDED CHECK HERE**

STAPLE OR TAPE SAMPLE (VOID) CHECK HERE FOR CODING PURPOSES WITH THE FINANCIAL INSTITUTION'S NAME AND ADDRESS

FOR SIS USE ONLY:

INDICATE WHICH TYPE OF ACCOUNT

Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Transit Routing Numbers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SIS WILL WRITE IN ROUTING AND ACCOUNT NUMBER

I hereby authorize Special Insurance Services, Inc. (Company) to make variable charges to my (our) checking or savings account identified above, and authorize the financial institution name above to withdraw funds from (debit) such account to pay Company's order accordingly for the purpose of paying monies due on policies or plans issued. Special Insurance Services, Inc. reserves the right to revoke this plan. Special Insurance Services, Inc. may, at its discretion, withdraw by means of Electronic Funds Transfer in lieu of a paper check.

I accept that this authority will remain in effect until either Special Insurance Services, Inc. (Premium Administrator) or Leslie & Associates, Inc. (Plan Administrator) has received written, dated notice of termination from me. I understand that the Premium Administrator's duty is to divide and distribute my funds. Any funds received under this agreement shall be distributed to the insurance companies or benefit providers. I understand that the Premium Administrator receives an administrative fee, as indicated above, for services rendered by them on my behalf. If any checks I remit are not paid for any reason, the Premium or Plan Administrator will be under no liability whatsoever to me, even though such non-payment may result in lapse of insurance or plan coverage.

Nothing in this Payment Agreement and Bank Draft Authorization shall prevent me from increasing, decreasing or terminating future payments for the above-named benefits.

**Signature** (as it appears on bank account) \_\_\_\_\_ **Date** \_\_\_\_\_