

## Payment Agreement and Bank Draft Authorization



**ASSURANT** Employee  
Benefits®

### Payment Authorization To:

Administrative Services  
300 Southborough Drive  
Suite 200  
South Portland, ME 04106-6914

Applicant name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Last four of SSN \_\_\_\_\_ Phone \_\_\_\_\_

☐ New Participant

☐ Change to an Existing Plan

Insured Name	Product	Monthly Premium
		\$
		\$
		\$
		\$
Total Monthly Premium		\$

Bank draft date \_\_\_\_\_ day of each month

I accept that this authority will remain in effect until the administrator has received written notice of termination from me. I understand that the Administrator's duty is to divide and distribute my funds. If any checks remitted are not paid for any reason, the Administrator will be under no liability whatsoever to me, even though such non-payment may result in lapse of insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this section if mode of participation is bank draft.**

This authorization is to honor checks drawn by Administrative Services to the Bank named below:

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 Administrative Services provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in regard to each 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 and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check.

This authorization is effective immediately unless otherwise specified.

**Attach Void Check Here**

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

### FOR INTERNAL USE ONLY

Type of Account: ☐ Checking ☐ Savings

Transit Routing Numbers

Bank Account Number

I hereby request Administrative Services to periodically draw a check on the account of this signer for the purpose of paying monies due on policies or plans issued. Administrative Services reserves the right to revoke this plan. Administrative Services may, at its discretion, withdraw by means of Electronic Funds Transfer in lieu of a paper check.

Nothing in this Payment Agreement and Bank Draft Authorization shall prevent me from (a) increasing or decreasing any insurance program with either the Company or the above-named Financial Institution, or (b) terminating future payments to either the Company or the above named Financial Institution(s).

Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid products provided by affiliated prepaid dental companies. Assurant Employee Benefits is the brand name for Group Hospital Confinement Indemnity "Gap" or Supplemental Medical Expense "Gap" insurance underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111. In New York, Assurant Employee Benefits is the brand name for certain insurance products underwritten by and prepaid products provided by Union Security Life Insurance Company of New York, which is licensed solely in New York, has its principal place of business in Fayetteville, NY, and is solely responsible for the financial obligations of its policies.