



Insurance Carrier: **First Comp**

Note to Agent/Broker: **BIND as First Comp Pay-Go (Payroll Plus)**

- Please note: Insured will need to send us their First Comp Registration Email upon receipt

Please Email/Fax this Completed & Signed Form back to:

Reliable Premium Management Inc.

Email: RPMSetup@ReliablePremium.com

Phone – (888) 731-8703 / Fax ~ (866) 731-8703

Authorization for Premium Remittal (First Comp)

I, _____, _____ of _____,
Name Title Company

authorize **Reliable Premium Management (RPM)** to report my payroll to my insurance carrier (**First Comp**). I hereby authorize the following individual(s) to speak with RPM regarding my payroll. These individuals have the authority to discuss the work comp classification of my employees and online access to payroll reports with my payroll vendor. The following individuals will receive the email notifications per pay period prior to the ACH deduction. I understand that I will be notified via email prior to any charges being withdrawn from my account.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Access to Payroll Reports - I authorize RPM access to our payroll reports through our payroll company listed below -

Payroll Company _____ Client ID: _____ FEIN: _____

Reporting of Payroll to my insurance carrier – I would prefer that my payroll be reported:

Payroll Frequency - ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Name of Servicing Insurance Agent/Broker: _____

Agency Name: _____ Phone: _____ Email: _____

I hereby authorize the following deduction for the processing fee to Reliable Premium Management Inc.

RPM Processing Fee payment options, (check one):

☐ **A: Annually Pay** - An annual processing fee of \$250. Please attach check payable to: **Reliable Premium Management**. Email/Fax this form and image of signed check for same day processing.

☐ **B: Monthly Pay** - 12 monthly processing fee payments of \$25. Processing fee will be deducted by RPM from the account listed below on the 10th of each month. (Please attach a voided check copy)

Name of Financial Institution: _____ Name on account: _____

9-digit Bank Routing #: _____ Checking Account #: _____

I understand that the limit of authority given to RPM is only to deduct & remit payments received for the above named recipient. It is my responsibility to ensure funds are available at the time of draft, and I understand RPM is not responsible to make payment on my behalf if funds are not available. Should a check be returned unpaid, a \$40 overdraft fee will be assessed. I understand that being a part of the pay-as-you-owe program means that I will run payroll on a weekly or bi-weekly/bi-monthly basis. RPM is required to report to the carrier whether payroll is posted or not, therefore, the admin fee will be assessed per pay period. RPM is not responsible for any balances due upon completion of a work comp audit by the insurance carrier.

Signed

Date