PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY®

# Acceptance of List Bill Program

This form must be signed by an authorized representative of the Employer/Organization named below. It is not an application for insurance. *Please print*

Name of Company (Employer) or Organization

Send Billing Statement to: ☐ Company Administrator ☐ Outside Administrator

Company, Payroll Contact or Outside Administrator

Email

Billing Address

City

State

Zip

Phone Number/Extension

Fax Number

Number of Eligible Employees

Start Date For Enrollment

Date of First Deduction if PRD

Type of Business

Requested Effective Date

Payroll Frequency: ☐ *Weekly ☐ *Bi-Weekly ☐ Semi-Monthly ☐ Monthly
***Premium Holidays must be used. Billing is always based on Monthly Billing Modes Only.**

Employer contribution ☐ Yes ☐ No If Yes- Amount _____ (percentage or dollar)

If deductions are made through payroll Allow 6 weeks from the end of the enrollment period in setting effective date. This will allow the payroll administer time to complete the deductions.

| Requested Underwriting - SI | SI | GI | TI |
|---|---|---|---|
| Hospital Indemnity | ☐ | ☐ | ☐ |
| GAP | ☐ | ☐ | ☐ |
| Accident | ☐ | ☐ | ☐ |
| Short-Term Medical | ☐ | ☐ | ☐ |
| Critical Illness | ☐ | ☐ | ☐ |
| Dental | ☐ | ☐ | ☐ |
| Life Insurance | ☐ | ☐ | ☐ |

SI –Simplified Issue
GI –Guaranteed Issue
TI –Telephone Interview

Agent Name | Agent # | Agent Phone # | Agent Email Address

We, the employer, wish to participate in Philadelphia American Life Insurance Company's (PALIC) List Billing Program. Our Payroll Department is prepared to: 1) honor the requests signed by our employees for benefits offered by PALIC, and 2) forward to PALIC the insurance premiums as stated on the list bill statement.

Please check the appropriate box:

☐ If approved by PALIC's underwriting department, each of the applications will be issued individually, as of the above requested effective date. Any policies issued after the initial requested effective date or additions to an established list bill will become effective on the same day of the month as the original billing date.

☐ All of the above applied for applications will be held for issue until all applications have been underwritten. With this method it is understood that one individual applied for application may substantially delay the issuance of all policies.

We understand that we or PALIC may, upon reasonable notice to the effected party, terminate this List Billing Program. In that case, the payment of premium will be a matter of accounting directly between the employee and PALIC. In addition, any employee may voluntarily discontinue their payroll deduction for this insurance. Written notice should be forwarded to PALIC. We also agree to honor all changes resulting from premium increases due to age changes, rate increase and dependent eligibility when presented.

We acknowledge that PALIC assumes no responsibility for compliance with the Employee Retirement Security Act of 1974 (ERISA) and amendments thereto, nor does it maintain that the policy is designed or marketed to comply with the requirement contained therein. PALIC is not acting as a sponsor as defined in ERISA.

☐ We hereby certify that the premium for the insurance coverage is either paid by the company or that the company is making a contribution towards the employees insurance premium

☐ We hereby certify that the premium for the insurance coverage is being payroll deducted from the applicant's earning only as a convenience to the employee and that our only function will be to remit the premium payment to PALIC within the required 31 day grace period provided by the policy(ies).

Signature of Employer / Administrator

Date