

INDIVIDUAL HEALTH PLAN LIST BILLING/PAYROLL DEDUCTION SET-UP FORM

Administered by: Insurers Administrative Corporation (IAC), Phoenix, Arizona

Please Check One: New List Billing Account Add to Existing List Billing Account No. _____

THIRD PARTY INFORMATION		
Name of Third Party (Company or Association)		
Street Address		
City	State	Zip Code
Billing Address (if different)		
City	State	Zip Code
Name of Contact Person:		
Contact Phone ()	Contact Fax ()	

Please list all Applicants to be included on the List Bill

Applicant Name (Please Print)	Total Initial Amount Due (Monthly Premium, Including Admin. Fee & Assoc. Dues)	Applicant Name (Please Print)	Total Initial Amount Due (Monthly Premium, Including Admin. Fee & Assoc. Dues)
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	
Subtotal:		Subtotal:	
Are you attaching an additional sheet to list other applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Remittance Due:	\$

STATEMENT OF THIRD PARTY

I acknowledge, understand and agree to the following:

1. As a convenience to the Applicants named on this form, I agree to collect from the Applicants the amounts billed by IAC and forward such amounts to IAC according to the terms of the billing.
2. I have no right to obtain any information regarding the Applicants' health insurance except the amount of premium due.
3. The coverage provided has been obtained by each Applicant individually and is not considered employer-sponsored health insurance. I do not currently, nor will I in the future, provide any form of reimbursement for the cost of coverage, nor do I now claim, nor will I claim at any time in the future any tax benefits for the amounts remitted, such as under Sections 106, 125, 162 or 223 of the Internal Revenue Code.
4. The coverage provided is completely voluntary for the Applicants, is not maintained or endorsed by me or by any employer, is not a part of any employer Cafeteria Plan, and the Applicants must deal directly with IAC or with the Insurance Company on claims related questions.
5. I may discontinue this billing agreement at any time by providing IAC and each of the Applicants thirty (30) days advance written notice. Upon discontinuation of this agreement, IAC will bill each Applicant directly.
6. IAC will pay any refund of premiums to the primary insured, not to me as the third party.
7. The Third Party may be liable for damages for the failure to comply with this Agreement.

Important Notes:

- 1) Each application must be accompanied with a separate, personal check for the initial amount due (monthly premium, admin fees, association dues (where applicable) and the one-time, refundable application fee.
- 2) Each applicant must also complete a List Bill Election form and submit it along with their application and initial amount due.

OFFICER/OWNER SIGNATURE	
X _____ (Signature)	Title _____
Printed Name _____	Date Signed _____