

Billing Information

Billing Name (if other than group name):			
Billing Address:	City:	State:	Zip Code:
Billing Contact Name:	Email Address:	Phone #:	Fax #:
Billing Address is: Group Policyholder Third Party Administrator Premium Collection Agency <i>(Requires a Premium Collection Agreement)</i>			

Pay periods per year:	Payments will be remitted: After each deduction Monthly Other
Payroll deductions per year:	Premium amount on bill should reflect: Levelized amount over 12 months Actual amount of deductions
First payroll deduction date:	Preferred billing sequence: Alphabetical Social Security Number Employee ID
First bill due date:	Preferred Billing Method: Multiple Billing Locations: Paper Website Self-Bill No Yes (attach listing)

Insurance Selections

(Product and Rider availability subject to state approval)

Participation Requirement: Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

Master Contract Delivery: Electronic Delivery or Paper (US Mail) Delivery

Group Interest Sensitive Whole Life Insurance WL13	Group Contribution? Yes No <i>If yes, list amount or %:</i>	Requested Effective Date:
Plan Option 1		
Accelerated Death Benefit for Terminal Condition Rider	Included	
Waiver of Premium for Layoff or Strike Rider	Included	
Accelerated Death Benefit for Chronic Condition Rider	Included	
Extension of Benefits Rider	Included	
Child Level Term Insurance Rider	Included	

TEB eServices Information & Authorization Form

Transamerica Employee Benefits – Online Administration tools

Simple

Simplify your administrative tasks with the tools and functionality available on our Employer Website. We provide secure, streamlined and easy-to-use processes for Policy and Group administration, Bill reconciliation and ePayment capability.

Fast

Complete policy and billing changes online, reconcile and submit your payment online; be on your way to the next item on your busy schedule.

Flexible

Use one, some or all of the website tools as needed. Flexibility to meet your needs is our goal. Our site is available on your schedule; research policy data, view paid and current bills, use our handy reference section to view a demo or print employee forms.

ePayments

Online Bill Reconciliation

Policy Changes

New Employee Enrollment
(for eligible products)

Termination of coverage

Print ID cards

Log in today at www.transamericaemployeebenefits.com to get started!



Welcome to Transamerica Employee Benefits.

We know it's essential for people to take care of their health today, without sacrificing their financial security for the future. And due to rising healthcare costs and ongoing market uncertainty, it's never been more important to protect what matters most.

Transamerica Employee Benefits offers a comprehensive suite of supplemental health and life insurance products designed to help fill the gaps major medical insurance leaves open. Our solutions can help cover the expenses and the interruption of income that can come with an unexpected medical emergency - and help protect employees' Wealth + Health™ at every stage of their lives.

Helping people understand how to leverage a variety of benefits can help them become more financially secure. Visit transamerica.com to access valuable information that can help guide decisions for individuals and families - because a plan for tomorrow is just as important as coverage for today.

Our online portal is designed specifically for you. Log in now to access your account information and more.

Customers

(Individuals, Employees & Their Families)

We make it easier to access your account information. Log on now to update personal information, view your policy, request a policy loan, request changes to your benefit amounts and file claims online.

[Customer login](#)

Employers

(Employers & Plan Administrators)

We have online services designed specifically for you. Enjoy convenient access to your accounts and functionality that makes it easy to do business with Transamerica.

[Employer login](#)

Producers

(Agents, Brokers & Sales Partners)

We provide a gateway to tools to help you succeed and grow your business, including access to Transamerica's innovative portfolio of voluntary life insurance and supplemental health benefits.

[Producer login](#)

We also provide you, the Employer, with the option to designate an agent to have access to these tools on your behalf. To authorize such access, please complete the back of this form.

TEB-AgentAuth-0712

Instructions to Transamerica Life Insurance Company (Transamerica)

The undersigned Employer can perform certain administrative functions relating to its group insurance at www.transamericaemployeebenefits.com ("Website"). The Employer hereby directs Transamerica to also allow the Authorized Agent designated below, and such Agent's authorized designees, access to the Website as is needed to perform on behalf of the Employer the function(s) selected below.

(Check all that apply)

Employee Administration functions

- Add/Enroll new employees (for eligible products)
- Change/Terminate employee status
- Change/Updated employee information
- Request policy change/cancellation

Group Administration functions

- Bill reconciliation

Employer understands and agrees that (1) Employer is responsible for the transactions performed through the access granted in these instructions; (2) and Employer will notify Transamerica immediately upon learning of any errors in these transactions or upon any change to these instructions.

The person executing this document on behalf of the Employer represents and warrants that he or she is authorized to do so.

Employer Name: _____ Employer Number/Group Number _____

Authorized signature of Employer representative

Date

Name of Authorized Agent (please print)

Return completed forms to the TEB Home Office along with new case submission documents or return individually via mail, fax or email to your Client Relationship Manager.

TEB-AgentAuth-0712

Electronic System
Spreadsheet

Self-Admin
Paper

Billing & Enrollment Worksheet

Simplified Issue
Guarantee Issue

Employer Name

Date Billing Information Completed

Billing Address is:		Group	Billing Administrator	Premium Collection Agency (include Premium Collection Agreement)		
Billing Name:						
Billing Address:						
Billing Contact Name:	Email Address:	Phone #	Payments	Payment Detail	Premium Discrepancies	Past Due Notification
1)						
2)						
3)						

Billing Options		
Payroll Schedule	Number of pay periods per year:	First deduction date:
	Number of deductions per year:	
Bill Schedule:	Arrears	Advance
Bill Delivery:	Website	Self-Bill Paper
Billed premium amount:	Levelized over 12 month	Actual amount of deduction
Employee ID:	Social Security Number	Alternate Employee ID
Billing Sort:	Name	Employee ID
Multiple Billing Locations:	No	Yes
	If yes, will each location remit payment separately? (attach listing with location name and address) Will employees need to be listed by separate division on the billing statement?	

Payments and Remittance			
Payments remitted:	After each deduction	Monthly	Other
Payment Method:	Website	ACH/Wire	Check
Payment Detail Remitted:	Website	Electronic via email	Paper Statement
Select one:	Credits	Refunds	
	Deduct from payment (self-bill)	Refund overpayments to:	
	Bill Credits	Pre-tax	Post-tax
	Summary		Employee
	Detail		Employer
			Billing Administrator

Employee Management			
Missed Deductions	Bill employee at home	Rebill group	Other
Employee Request to Cancellation/Change:	Transamerica will handle	Refer to: Name:	
		Email:	
		Phone:	

Domicile State:	Other Enrollment States:		
Enrollment Start Date:	Enrollment End Date:		
Enrollment Platform:	Will a Census be provided:	Yes	No
Enrollment Method:	Self Service	Call Center	Face to Face
Product Selection:	Accident	Life Insurance	
	Disability	TransConnect	
	Critical Illness	TransChoice	
	Hospital Indemnity		
Eligibility:	Waiting Period: _____		
	Min Hours Worked: _____		
	Domestic Partner Coverage:	Yes	No

Self Admin Billing Worksheet

Employer Name:

Group Name:

Group Number: L0000

Contact Type: Group _____ Billing Administrator _____ Premium Collection Agency _____
(PCA Agreement Required)

Billing Address:

Billing Contact Name: Email Address: Phone# Prem Summary Premium Audit Past Due Notification

Billing Options:

Bill Schedule: Arrears _____ Advance _____

Division Setup: **Monthly (Only)**

(For Audit Purposes Only)

Payroll Schedule:

Number of pay periods per year: _

Number of deductions per year: _

First Deduction Date:

First Bill Due Date:

Delivery Method:

Self Administered-Bill Only (No Delivery)

The employer is responsible for calculating and remitting premium to Transamerica directly.

Payments Remitted: **Monthly (Only)**

Payment Method:

ACH/Wire _____

Check _____

Payment Summary:

Electronic _____

Print/Mail with Check _____

Refunds will not be issued. Credits should be deducted from payment.

Products Sold:

Employee Management:

*No term/cancel files should be remitted to Transamerica.

*Employer will notify employees of the option to convert. If they have an employee who wants to continue the coverage, they should contact the call center within 31 days of their termination.