

This multiple use form can be used to authorize new insurance deductions, certify existing benefits and report changes to current deductions, authorize deductions of administration fees, and/or cancel insurance deductions. When completing this form, please type or print clearly in all CAPITAL LETTERS using black ink.

This form must be processed by FBMC, the Misc Insurance Administrator.

DATE:	PROVIDER COMPANY:				
AGENT CODE:					
AGENT NAME & #:					
AGENT PHONE #					
In order for this form to be processed timely the form must be completed with all requested information					

In order for this form to be processed timely, the form must be completed with all requested information. Failure to complete this form will delay the deduction effective date. This form is due to FBMC prior to the FBMC cut-off date-Please see the TPA Calendar for cut-off dates.

FIRST NAME		MI		LASTI	NAME	1E		
ADDRESS						CITY		STATE
ZIP	HOME PHONE			WORK PHONE		TAX YEAR		
DATE OF HIRE			EMPLOYEE ID #	#				

2. EMPLOYMENT INFORMATION

ADD	CHANGE DELETE	KEEP	BENEFIT	POLICY #	MONTHLY DEDUCTION	PER PAYROLL DEDUCTION	SALARY PAY DATE
<u> </u>	I				TOTAL MO DEDUC		

I authorize the post-tax salary deductions to be deducted from my net pay each payday and forwarded to FBMC for transfer to the above Provider company. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes as requested by the Provider in accordance with the terms and conditions of my policies. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification to FBMC subject to the terms of the cancellation clause of the policy.

The new Post-tax salary deductions will continue to be deducted from my net pay each payday and forwarded to FBMC for transfer to the above Provider companies. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes as requested by the vendor in accordance with the terms and conditions of my policies.

Deductions for Miscellaneous insurance products should always have an effective date for the first day of the month (first pay period of the month) since premiums are paid out monthly to the vendors by the 20th of the following month. Policy effective dates must take this into account. Deductions that start in the second half of the month will result in partial premium payments.

lacknowledge that any or all of the above deductions can be terminated at any time by my written notification, subject to the terms of the cancellation clause of the policy.

If deleting, please cancel the post salary deduction(s) for this/these benefit(s) effective _________ (pay-date). I acknowledge the terms of the cancellation clause apply.

Ś
Ψ.

SIGNATURE OF PARTICIPANT

DATE

TOTAL DEDUCTION AMOUNT

PROVIDER REPRESENTATIVE SIGNATURE

DATE