

**INDIVIDUAL HEALTH PLAN  
LIST BILL ELECTION FORM**

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

I hereby elect the List Bill Premium Option for my health plan. I understand and agree that:

- I am authorizing the Third Party to submit premium payments including any fees and dues for myself and any dependents (if applicable) for coverage.
- The monthly List Billing statement will be sent directly to the Third Party.
- The Insurance Company has no obligation to guarantee coverage or any other liability in the event that coverage lapses due to the Third Party's failure to submit premium payment by the due date.
- I may cease to participate in the List Billing Agreement upon giving 30-day prior written notice and may send future payments directly to the Insurance Company's administrator, Insurers Administrative Corporation (IAC).
- Should the List Billing Agreement terminate, IAC will send future bills (on a direct monthly basis\*) directly to the Applicant, unless written notification from the Applicant is received stating cancellation of coverage is desired.
- The termination of the List Billing Agreement may occur upon 30-day prior written notice to the Third Party.
- The insurance applied for is neither intended or anticipated to be an employer-sponsored health insurance plan as defined by state and/or federal law.
- Any premium refunds that may be due will be sent to me directly, not to the employer/Third Party.

This is an important agreement. You should read it carefully and understand it before signing below.

SIGNATURE	
_____ Applicant Name (printed)	_____ Third Party Name
_____ Applicant Signature	_____ Date

\*Applicant may request monthly automatic bank draft or direct billing options.

**NOTICE to Insurance Representative:** Attach a copy of this form to the List Billing/Payroll Deduction Set-Up Form for each applicant to be included on the List Billing Agreement. The third party shall retain the original.

**INDIVIDUAL HEALTH PLAN  
LIST BILLING/PATROL 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:**

- 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.
- I have no right to obtain any information regarding the Applicants' health insurance except the amount of premium due.
- 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.
- 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.
- 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.
- IAC will pay any refund of premiums to the primary insured, not to me as the third party.
- The Third Party may be liable for damages for the failure to comply with this Agreement.

**Important Notes:**

- 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.
- 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 _____

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**MNL INDIVIDUAL  
LIST BILL/PAYROLL DEDUCTION SET-UP INSTRUCTIONS**

(List Billing is not available in CO, KS, MI, SD, TN, WI and VA)

A list bill can be set up for a minimum of two (2) separate health certificates/policies. The following must be completed when requesting a list bill:

- Each primary applicant must read and sign the Individual Health Plan List Bill Election form.
- Each primary applicant must also submit one personal check for the first month's premium, including life and health insurance premiums along with all fees and dues. Remember that the check is cashed when it is received at IAC. If the application is not approved, money will be refunded directly back to the applicant.
- An owner or officer of the business or third party must complete the Individual Health Plan List Billing/Payroll Deduction Set-Up Form. Each applicant to be included on the billing must be listed. The premium amounts listed for each applicant should not include the application fee of \$40 or any life insurance premium amounts.

Additional List Bill Guidelines:

- ✓ **Effective Dates:** All applicants to be included on a list bill do not need to have the same effective date. If there are 1<sup>st</sup> of the month and 15<sup>th</sup> of the month effective dates within the same list bill, the appropriate certificates/policies will be balanced billed on the first monthly direct list bill in order to get all the certificates/policies on the same billing cycle.
- ✓ **Application Process:** If the underwriting process moves quickly for some applicants on a list bill and others need additional requirements, the list bill can begin with at least two approved applicants. Additional applicants can be added as approved.
- ✓ **Billing/Premium Payment:** A list bill is sent to the employer/third party directly on a monthly basis. The list bill must be paid as billed. If a check received is not for the full amount billed, the check will be returned with a request for the full amount.
- ✓ **Future Additions to the List Bill:** Any future applicants requesting to be added to an existing list bill must complete all the normal paperwork for application along with the Individual Health Plan List Bill Election form. The applicant must also send a personal check for the first month's total premium, including the application fee and life insurance premium. The employer must complete an Individual Health Plan List Billing/Payroll Deduction Set-up form to add the new applicant to the direct monthly billing.
- ✓ **Rate Adjustments:** Notice of rate adjustments are sent directly to the insured; the employer/third party is not copied on the notice. Premium adjustments will be reflected in the monthly bill.
- ✓ **Termination Requests and/or Refunds:** Request to cancel a certificate/policy must come in writing with the primary applicant's signature. A plan will not be terminated solely upon request of the employer/third party. If a refund is due, money will be sent directly to the insured, not to the employer/third party.