



Important Information About Check-O-Matic Billing

Introduction to Check-O-Matic

Check-O-Matic is a convenient billing method by which your health insurance premiums are automatically paid through your bank account. If you select the C-O-M mode of payment, Assurant Health will electronically debit your bank account each month for the premiums due. Simply record this deduction in your transaction register each month. A debit entry will appear on your bank statement for reconciliation.

This regular and automatic budget tool offers more than just convenience. Automatic withdrawals will help ensure that no premium payments are missed.

Thousands of health insurance policies are billed by Assurant Health through our Check-O-Matic billing system each month. This pamphlet is designed to provide you with the information and guidelines you'll need to understand C-O-M.

What is most important for the timely and accurate handling of Check-O-Matic is your familiarity with our procedures. This knowledge will help you understand what we will be doing throughout the C-O-M process.

Completing the Authorization Card

When completing the authorization card, please be sure to fill in all the blanks. Also, remember to submit a voided check or deposit slip with the completed Authorization Card. This will ensure accurate and timely processing of your Check-O-Matic Changes.

PAYOR'S AGREEMENT:

1. Payments will be drawn from the bank and checking account as specified on your attached, voided check to pay premiums for policies listed.
2. Drawing and presenting these checks or electronic debits will be the equivalent of notice by Assurant Health to me of premiums due on these policies, but will not act as payments until honored.
3. This authorization shall not be effective for any policy for which an application is pending unless and until such policy is actually activated.
4. This agreement may be terminated by written notice from either of us to the other. If this agreement is terminated in any manner, or the bank's authorization is revoked, premiums shall thereafter be due and payable at Assurant Health's published rates in accordance with the premium paying provisions of the policy.



ASSURANT
Health

Assurant Health
501 West Michigan
Milwaukee, WI 53203

Form 21124 (Rev. 11/2004)

INDEMNIFICATION AGREEMENT:

To: The Bank named on the check attached.

So that you may comply with your depositor's request, Assurant Health agrees:

1. To indemnify you and hold you harmless for any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check or electronic debit, whether or not genuine, purporting to be executed or issued by or on behalf of this Company and received by you in the regular course of business for the purpose of payment in connection with the authorization on the reverse side, including any costs or expenses reasonable incurred in connection therewith.
 2. In the event that any such payment shall be dishonored with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in forfeiture of insurance.
 3. To defend at our own cost and expense any action which may be brought by any depositor or any other person because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.
 4. Your participation in this plan may be terminated by thirty days written notice to this Company and the premium payor.
1. Payments will be drawn from the bank and checking account as specified on your attached, voided check to pay premiums for policies listed.
 2. Drawing and presenting these checks or electronic debits will be the equivalent of notice by Assurant Health to me of premiums due on these policies, but will not act as payments until honored.
 3. This authorization shall not be effective for any policy for which an application is pending unless and until such policy is actually activated.
 4. This agreement may be terminated by written notice from either of us to the other. If this agreement is terminated in any manner, or the bank's authorization is revoked, premiums shall thereafter be due and payable at Assurant Health's published insurance rates in accordance with the premium paying provisions of the policy.

Assurant Health

PRESIDENT

Authorized in a resolution by the Board of Directors of Assurant Health on August 14, 1961.

Bank Changes

Notification of Bank Changes:

When sending notification of a bank change to Assurant Health, please leave one month's premium in your old account for thirty days. This will allow us to withdraw one payment while the bank change is being processed.

You may also notify Assurant Health of bank changes through your insurance agent. He/she will be able to assist you in completing a C-O-M Authorization card, if necessary, and he/she will notify Assurant Health. Please be sure to provide your agent with a voided check from your new account.

Returned Check Due to Bank Change:

Should you receive a returned check notice from Assurant Health because you are changing banks, DO NOT SEND IN A REPLACEMENT CHECK TO COVER THE RETURNED CHECK. This amount will be withdrawn from your new account after the change has been completed.

Draft Delays Due to Bank Changes:

Please note that when a bank change or new C-O-M account is processed, the first debit to your new account may be delayed for a maximum of twelve days. This is due to Federal laws governing electronic fund transfers.

Address Changes

It is very important that you notify Assurant Health of any change in your address.

When sending notification to Assurant Health, please be sure to include all policy numbers affected by the change, and if the request is for a resident or billing address change.

Removals/Cancellations

Requests to remove a policy from our C-O-M system can be made via phone call to Policyholder Service or in writing. A thirty day notification is requested to ensure future drafts are stopped.

Policy cancellations are only accepted with notification from the primary insured or agent. If a policy payor, other than the primary insured, requests termination, the policy will be removed from C-O-M and placed on a Direct Bill quarterly mode of payment.

Other Policy Changes

Missed Draft Due to Changes:

If your billing was suspended due to policy changes, a withdrawal of all (due premiums) will be made after the requested changes have been completed. Notification of the draft amount/date will be mailed in advance.

Important Information for All Changes to Your C-O-M Account

Please allow thirty days advance notice on ALL changes to your policy, since draft information is processed prior to the actual draft due date. During this processing period, we are unable to stop a draft from going to your account.

If you are planning to cancel your policy, there's a good chance that a draft is already on its way to your bank. If we receive a cancellation request prior to the draft date, but during our processing period, the premium will be refunded to you between 30-45 days after the draft date. This amount of time ensures that the draft has actually cleared your account.

PLEASE DETACH HERE - KEEP THIS PORTION FOR YOUR RECORDS AND FUTURE REFERENCE

PLEASE DETACH HERE - RETURN THIS PORTION TO ASSURANT HEALTH

ASSURANT HEALTH AUTHORIZATION FOR CHECK-O-MATIC BILLING

Choose the following option that applies:

- To begin Check-O-Matic withdrawals
 - To change existing account information
 - To add this policy to an existing Check-O-Matic account with Assurant Health. Note: Please provide the existing Check-O-Matic number and /or associated policy number.
- Existing COM Number _____
Associated Policy Number _____

Desired withdrawal day: (1-28)

Note: We recommend a withdrawal date equal to or within 5 days of your policy issue day.

Complete only if different than information on check:
INSURED'S RESIDENTIAL ADDRESS

Insured's Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone Number _____

Account Information:

X _____ X _____
(Signature of Payor) (Date Signed)

COM _____
(Complete by Home Office only)

Complete only if different than information on check:
PAYOR'S BILLING ADDRESS

Payor's Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone Number _____

I (we) hereby authorize Assurant Health, hereinafter called COMPANY, to initiate debit entries to the account indicated below and the depository named below, herein after called DEPOSITORY, to debit the same to such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

All Policy Numbers to be drafted from this account:

PLEASE ATTACH VOIDED
CHECK OR DEPOSIT SLIP.