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!

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 <u>www.transamericaemployeebenefits.com</u> ("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 and Premium payment

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)

Transform your Tomorrow with Transamerica Employee Benefits

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.