Billing Worksheet

 Employer Name

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|  **Billing Address and Contacts** |  |
| 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 | PremiumDiscrepancies | Past DueNotification |
| 1)       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 2)       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 3)       |       |       | [ ]  | [ ]  | [ ]  | [ ]  |

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|  **Billing Options** |  |
| Payroll Schedule | Number of pay periods per year:       | First deduction date:       |
| Number of deductions per year:       | First bill due date:       |
| Bill Schedule: | [ ]  Arrears | [ ]  Advance |  |  |
| Bill Delivery: | [ ]  Website | [ ]  Self-Bill | [ ]  Paper |  |
| Billed premium amount: | [ ]  Levelized over 12 months | [ ]  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?       |  |

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| **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 |
|  |  |  |  |  |

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

 Date Billing Information Completed: