Billing Worksheet

Employer Name

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | Premium  Discrepancies | Past Due  Notification |
| 1) |  |  | |  |  |  |  |
| 2) |  |  | |  |  |  |  |
| 3) |  |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: