

PREMIUM BILLING AGREEMENT
GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 MILWAUKEE AVENUE • GLENVIEW, ILLINOIS 60025

The Employer hereby applies to Guarantee Trust Life Insurance Company (herein called GTL) to cause Applicant's premium billings to be processed in a manner consistent with the terms of this Agreement. In consideration of Guarantee Trust Life Insurance Company making this voluntary premium billing option available, the Employer hereby agrees as follows:

Employer AGREEMENTS

- Employer understands and agrees to honor Applicant's appointment and acknowledges receipt of a completed Applicant Billing Agreement Authorization form (G-15165A). The Employer further agrees to remit the currently listed insurance premiums identified on the Payroll Deduction Group Transmittal Statement as the "Total Monthly Billing" to GTL each month by the premium due date, along with any appropriate administrative and list billing fee. The Employer also agrees to follow all GTL billing instructions furnished by GTL to the Employer.
- Employer further understands and agrees not to seek from GTL access to any other information relating to Applicant's insurance coverage, beyond the amount of the Applicant's premium, without furnishing written permission from Applicant.
- Employer assumes no responsibility for this Premium Billing Agreement except as herein stated. The Employer assumes no responsibility for the payment of premium by any Applicant after his or her eligibility to participate in this Premium Billing Agreement ends. Employer acknowledges that this Premium Billing Agreement is only offered for the convenience of such Applicants.
- Employer or GTL upon giving 60 days written notice to the other and to each affected applicant, may terminate this Premium Billing Agreement in its entirety. Following termination of the Billing Agreement or termination of Applicant's employment with the Employer, payment to GTL of premium shall be made by Applicant directly to GTL. The Employer agrees to submit any and all deducted premium amounts for Applicant prior to the effective date of termination. The Employer will indicate on the copy of the Monthly Billing Statement the identity of any person who chooses to discontinue this Premium Billing Agreement or whose employment with the Employer has terminated and the requested Termination Date.
- Employer agrees to allow reasonable access to eligible members, on Employer premises, during regular working hours for the purpose of explaining and enrolling members.
- Employer understands and agrees that failure to remit the amount identified on the Monthly Billing Statement as "Total Monthly Billing", less the applicable premium for those persons who have chosen to discontinue the Premium Billing option, will result in all coverage lapsing at the expiration of the period for which premium has been properly paid.
- Employer understands and agrees that GTL may either cease this Premium Billing Agreement or adjust or change the amount of any premium billing fees upon 30 days written notice to the Employer.

Name of Employer Contact Person _____	Name of Employer _____
Business Address _____	City & State _____ Zip Code _____
_____	(_____) _____
Signature of Officer/Owner _____	Business Phone Number _____ FAX Number _____
Producer/Agent _____	City & State _____ Zip Code _____
Requested Effective Date: _____	Premium Due Date: _____
Dated at _____ this _____ day of _____, 20 _____	
(City, State)	(Date) (Month) (Year)

This form must be completed and submitted with all payroll deduction groups.
(A) Two copies required. Original to Employer, second copy to GTL.
(B) The form designated as G-15165A (Applicant's Billing Agreement Authorization form) must be completed and signed by each applicant.

**GUARANTEE TRUST LIFE INSURANCE COMPANY
APPLICANT(S) BILLING AGREEMENT AUTHORIZATION FORM**

New Billing Account **Addition to Billing Account #** _____

I hereby appoint and authorize the following Employer _____
To deduct my insurance premium, \$ _____ including administrative and list billing
fee, if any, from my compensation and remit them to Guarantee Trust Life Insurance
Company (GTL). I understand that my current premium amount may be adjusted in the
future.

I acknowledge that no coverage will take effect until GTL has received at least one
monthly premium payment.

I further acknowledge that GTL will have no obligation to provide coverage, nor any
other liability in the event of lapse in coverage due to the Employer's failure to remit
premiums in a timely manner. I understand that I may voluntarily discontinue
participation in this Billing Agreement by requesting the Employer to cease making
premium payments for my insurance. Following termination of this Billing Agreement,
or termination of employment with the captioned Employer, GTL agrees to bill me at the
address contained in GTL's records, unless GTL receives written notification, signed by
me, canceling my insurance. I understand and agree that the billing statement for each
applicant will only be sent to the Employer.

**If you have questions regarding this Billing Agreement, please contact Guarantee
Trust Life Insurance Co., 1275 Milwaukee Ave., Glenview, IL 60025. Phone #: (800)
338-7452.**

(Please complete the following)

Applicant Name (Print)

Applicant Signature

Applicant Address

City State Zip Code

() _____
Home Phone Number

Date

