

TWO EASY PAYMENT METHODS You can make your premium payments automatically – using either your checking account or your credit card.

**SIMPLE AND CONVENIENT** — **HERE'S HOW IT WORKS** First, you authorize your bank or credit card company to transfer funds to us by calling us or completing the appropriate form below. Then, on your next premium due date, we'll contact your bank or credit card company to notify them of the amount due. They will transfer that amount to us electronically and the amount of your payment will appear on your next checking account or credit card statement.

Three EASY ways to sign up for EasyPay today: 1. Call 1-800-922-1245

2. Fax completed form to 614-481-2400

3. Mail completed form to: The Alumni Insurance Program Premium Department

**USI** Affinity

90 Matawan Rd. STE 203 Matawan, NJ 07747

COMPLE	TE THIS FORM	/I FOR P	AYMEN1	FROM A C	HECKING	<b>ACCO</b>	UNT			
A. Fill in all items on this form for the checking account you will use.  B. Sign and date this form.  C. Be sure to include payment for any premium due now. This EasyPay plan goes into effect on the first pusiness day on or after your next premium due date.  D. Please provide us with the pest phone number and email to be used if there is an issue with your payment.	Authorization for electronic transformation Account in name of:				Certificate #					
	Account Number:	Account Number:					Routing Number:			
				yments directly to A date and the prem					,	
	Signature of Depositor: (	Signature of Depositor: (Exactly as it appears on bank records)					Date:			
	Phone: Email:									
С	OMPLETE TH	IS FORM	I FOR CI	REDIT CARI	<b>PAYME</b>	NTS				
<b>A.</b> Fill in all items on this form for the credit card you will use.	Authorization to charge insurance premium payments to Mastercard or Visa									
B. Sign and date this form.	2 Cardholder's Name:	First	M.	Last		Billing	Zipcode:			
<b>C.</b> Double-check your card number and expiration date.	3 □ Visa □	1 MasterCa	ard D	iscover						
D. Your credit card will be used to pay your premium beginning with the amount currently due on the first business day on or after your next premium due	Credit Card Number	:								
	Card Expiration Date	MONTH	YEAR	Security Code:						
date. <b>E.</b> Please provide us with the	Signature of Cardholder:					Date:				
best phone number and email to be used if there is an issue with	5 Phone:			Email:						

We're the plan administrator of the insurance program sponsored by your Alumni Association. We have the primary responsibility for serving you and your life an health insurance needs. If you have a question about EasyPay — or any other aspect of your coverage — please call us first and ask for one of our customer service representatives. Our toll-free number is **1-800-922-1245**.



The Alumni Insurance Program is administered by: USI Affinity, 90 Matawan Rd. STE 203, Matawan, NJ 07747 email: custserv@usi.com