EASYPAY

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
   Suite 310, Cliffwood Avenue
   Matawan, NJ 07747-9807

COMPLETE THIS FORM FOR PAYMENT FROM A CHECKING ACCOUNT

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 business day on or after your next premium due date.

D. Please provide us with the best phone number and email to be used if there is an issue with your payment.

Authorization for payment of insurance premiums by electronic transfer from checking account

1 Certificate #

2 Account in name of:

Account Number: | Routing Number:

I authorize my financial institution to make payments directly to American Insurance Administrators, a USI Affinity company, upon notification of a premium due date and the premium amount due, and to post these payments to my account.

3 Signature of Depositor: (Exactly as it appears on bank records) ✕ | Date: ✕

4 Phone: | Email:

5 **Preferred mode of payment:** ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

COMPLETE THIS FORM FOR CREDIT CARD PAYMENTS

A. Fill in all items on this form for the credit card you will use.

B. Sign and date this form.

C. Double-check your card number and expiration date.

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 date.

E. Please provide us with the best phone number and email to be used if there is an issue with your payment.

Authorization to charge insurance premium payments to Mastercard or Visa

1 Certificate #

2 Cardholder's Name: First M. Last | Billing Zipcode:

3 ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: | | | | | | | | | | | | | | | |

Card Expiration Date: MONTH | YEAR | Security Code: | | |

4 Signature of Cardholder: ✕ | Date: ✕

5 Phone: | Email:

6 **Preferred mode of payment:** ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

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®

The Alumni Insurance Program is administered by:
USI Affinity, 14 Cliffwood Avenue, Suite 310, Matawan, NJ 07747
email: custserv@usi.com
Email provided for general questions and concerns. For security purposes, please do not email this form