

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 and health insurance needs. If you have a question about EasyPay – or any other aspect of your coverage – please call us first on our toll-free customer service hotline and ask for one of our customer service representatives.

Our toll-free number is

1-800-922-1245. Customer Service representatives are available from 8 a.m. to 6 p.m., Eastern Time, Monday through Friday.

Or email us: CustServ@TheAIP.com



American Insurance Administrators
A USI Affinity Company

14 Cliffwood Avenue, Suite 310
Matawan, NJ 07747

00-PS-346-F-04/18

EasyPay

TWO LAPSE-PROOF PAYMENT METHODS

Now you can make your premium payments automatically – using either your checking account or your credit card – and make sure your insurance protection remains in effect.

EasyPay is **convenient,**
safe and simple.

EasyPay

SIMPLE AND CONVENIENT – HERE'S HOW IT WORKS

First, you authorize your bank or credit card company to transfer funds to us by filling in the included form and mailing it to us. We'll forward the authorization on to the bank or credit card company you indicate.

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. Your policy will remain fully in effect, and the amount of your payment will appear on your next checking account or credit card statement.

Make sure your valuable insurance protection remains in effect – **sign up for EasyPay today!**

QUESTIONS?

Call Toll-Free **1-800-922-1245**

Complete the correct section of the form and mail this brochure to:
**Alumni Insurance Program
Premium Department
14 Cliffwood Avenue, Suite 310
Matawan, NJ 07747**

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.** If you have a joint checking account, be sure all required signatures are provided here.
- C. Attach a voided check** from this account in the space provided at the right.
- D. Be sure to include payment** for any premium due now. This EasyPay plan goes into effect on your next premium due date.

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

1 Certificate #: _____

2 TO (Name of Bank): _____

Address of Bank: _____ Street _____ Bank branch Phone #: _____

City: _____ State: _____ ZIP: _____

3 Account in name of: _____ Account Number: _____

I authorize my financial institution to make payments directly to American Insurance Administrators of Columbus, Ohio upon notification of a premium due date and the premium amount due, and to post these payments to my accounts.

4 Signature(s) of Depositors: (Exactly as it appears on bank records) Date: _____

_____ _____

Signature: _____ Date: _____

_____ _____

Phone: _____ Email: _____

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.

Authorization to charge insurance premium payments to Mastercard or Visa

1 Certificate #: _____

2 Cardholder's Name: First _____ M. _____ Last _____

Street Address (Cardholder's billing address): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

3 Visa MasterCard

Credit Card Number:

Card Expiration Date

MONTH YEAR

4 Signature of Cardholder: _____ Date: _____

_____ _____

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DOLLARS

VOIDED

ATTACH YOUR VOIDED CHECK HERE. (Checking Account Payments Only.)

PAY TO THE ORDER OF

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