



## PREMIUM PAYMENT INSTRUCTIONS

—Please Type Or Print Clearly In Dark Ink—

### THERE ARE FOUR WAYS TO SUBMIT YOUR PREMIUM PAYMENT

**SECTION I:** Automatic Funds Transfer (ACH/EFT) Set Up Through Renaissance

**SECTION II:** Automatic Bill Pay Payment (ACH/EFT) Set Up Through Your Financial Institution

**SECTION III:** Wire Transfer Set Up By Your Financial Institution

**SECTION IV:** Mail-In Check OR Online Bill Pay (*Checks sent by financial institution via online banking*)

If you have any questions regarding payments please email us at **Ren-GroupBilling@RenaissanceFamily.com**.

**PLEASE PROVIDE A COPY OF A BLANK CHECK FOR VERIFICATION OF ABA AND ACCOUNT NUMBER.**

### SECTION I | AUTOMATIC FUNDS TRANSFER (ACH/EFT) (Please Use The Following For Automated Payment Set-Up)

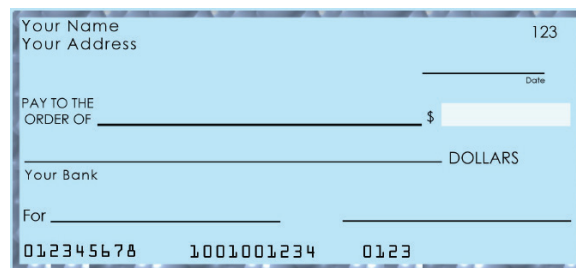
Group Name:	Group ID Number:		
	Phone Number:		
Street Address (Include Apt#/Suite):	City:	State:	ZIP Code:

Request Type (Check One):  New EFT Account Setup  Change Financial Institution Account

If your company has ACH block, please complete the process of allowing the following ACH Company ID: **1470397286**

### SECTION I.A | FINANCIAL INSTITUTION / BANK INFORMATION

Bank Transit/ABA #:	Bank Account #:		
Bank Name:	Bank Contact:	Phone Number:	
Bank Address:	City:	State:	ZIP Code:



Bank Transit      Bank Account Number

## SECTION I.B | TERMS, CONDITIONS AND SIGNATURES

I/WE AUTHORIZE RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA TO MAKE DEDUCTIONS FOR THE PURPOSE OF MAKING PREMIUM PAYMENTS ON THE POLICY(IES) FROM THE FINANCIAL INSTITUTION ACCOUNT OF THE UNDERSIGNED. THESE DEDUCTIONS WILL BE WITHDRAWN ELECTRONICALLY. I/WE UNDERSTAND AND AGREE THAT:

1. INFORMATION WILL BE KEPT SECURELY ON FILE IN THE EVENT YOU ELECT TO HAVE A RECURRING MONTHLY PAYMENT DEDUCTED FROM YOUR ACCOUNT.
2. IF ANY DEDUCTION IS NOT HONORED ON PRESENTATION THE POLICYHOLDER MAY RECEIVE A STATEMENT AND BE RESPONSIBLE FOR PAYING THE STATEMENT UPON RECEIPT.
3. EFT PAYMENT WILL BE AUTOMATICALLY REVOKED BY RENAISSANCE IF ANY TWO DEDUCTIONS WITHIN ANY TWELVE MONTH PERIOD ARE NOT PAID ON PRESENTATION.
4. EFT PAYMENT MAY BE DISCONTINUED AT ANY TIME BY RENAISSANCE, THE PREMIUM PAYER OR THE FINANCIAL INSTITUTION BY GIVING 10 DAYS WRITTEN NOTICE.
5. EFT PAYMENT SHALL NOT BE CONSTRUED AS A MODIFICATION OF ANY OF THE PROVISIONS OF THE POLICY.
6. NOTIFICATION OF ACCOUNT CHANGE MUST BE RECEIVED BY RENAISSANCE NO LESS THAN 15 DAYS PRIOR TO THE NEXT DEDUCTION.
7. DEDUCTION REQUESTS WILL BE PRESENTED TWICE TO YOUR FINANCIAL INSTITUTION BEFORE BEING RETURNED AS "UNPAID." RENAISSANCE ASSUMES NO RESPONSIBILITY FOR NON-SUFFICIENT FUND FEES (NSF FEES) ASSESSED BY YOUR FINANCIAL INSTITUTION. TO PREVENT OVERDRAWING YOUR ACCOUNT, CONSIDER OVERDRAFT PROTECTION. SEE YOUR FINANCIAL INSTITUTION FOR DETAILS.

BY SIGNING THIS DOCUMENT THE POLICYHOLDER AGREES THAT A COPY OF THIS DOCUMENT TRANSMITTED BY FACSIMILE OR OTHER ELECTRONIC MEANS SHALL BE AS VALID AND BINDING AS THE ORIGINAL EXECUTED DOCUMENT AND WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA HARMLESS FROM ANY LIABILITY INCURRED BY RENAISSANCE IN RELIANCE THEREON.

\_\_\_\_\_  
SIGNATURE OF POLICYHOLDER'S AUTHORIZED REPRESENTATIVE (Required)

\_\_\_\_\_  
DATE SIGNED (mm/dd/yyyy)

\_\_\_\_\_  
PRINT NAME OF POLICYHOLDER'S AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
EMAIL OF POLICYHOLDER'S AUTHORIZED REPRESENTATIVE:

### INSTRUCTIONS FOR PAYMENT BY AUTOMATIC BILL PAYMENT ACH/EFT OR WIRE TRANSFER INSTRUCTIONS (SECTION II & III):

Monthly premium payments can be submitted electronically via an ACH/EFT or wire transfer initiated by the customer through their banking institution. Please see our account information below. This account information is all your bank will need to send us your payment. Payments will be credited to your account within 24-48 hours of the payment being sent. If paying by Automatic Bill Payment ACH/EFT OR wire transfer please use the following account information:

Account Name: **Renaissance Life and Health Insurance Company of America**  
Account #: **375011513813**

## SECTION II | AUTOMATIC BILL PAYMENT ACH/EFT (Please Submit The Following Information To Your Financial Institution)

Bank Name: **Bank of America**

Bank Phone: **800-729-9473**

Account Number: **375011513813**

ABA Number: **072000805**

Bank Address: **100 N Tryon Street | Charlotte, NC, 28255-0001**

NOTE: FOR ACH/EFT PAYMENT USE ONLY. DO NOT SEND CHECKS TO THIS LOCATION.

**SECTION III | WIRE TRANSFER** (Please Submit The Following Information To Your Financial Institution)

Bank Name: **Bank of America**

Bank Phone: **800-729-9473**

Account Number: **375011513813**

Routing Number: **026009593**

Bank Address: **100 N Tryon Street | Charlotte, NC, 28255-0001**

**NOTE: FOR WIRE TRANSFER PAYMENT USE ONLY. DO NOT SEND CHECKS TO THIS LOCATION.**

**SECTION IV | MAIL-IN CHECK OR ONLINE BILL PAY** (Please Use The Following For Mail And Online Bill Pay Set-Up)

Make Check Payable To: **Renaissance Life & Health Insurance**

Mail To: **Renaissance Life Health Ins Co. America | P.O. Box 7407569 Chicago, IL 60674-7569**

Overnight Mail: **BOA Lockbox Services | Renaissance Life Health Ins Co America 07569 | 540 W. Madison, 4th Floor, Chicago, IL 60661**

**PLEASE INCLUDE YOUR GROUP NAME AND GROUP ID NUMBER TO ENSURE ACCURATE AND PROMPT PAYMENT PROCESSING.**

**NOTE: PLEASE SEND ALL PAPER CHECKS TO THE ADDRESS ABOVE. PLEASE USE THE ADDRESS ABOVE IF USING ONLINE BILL PAY.**

**OFFICE HOURS: Mon-Fri | 8:00 a.m. to 5:00 p.m. EST**

**THANK YOU FROM RENAISSANCE!**

