



**BAY BRIDGE  
ADMINISTRATORS**

*"Your solutions begin  
at the Bridge"®*

## **Employer's Acceptance of Bay Bridge Administrators, LLC Payroll Deductions**

**Bay Bridge Administrators  
P.O. Box 161690  
Austin, Texas 78716  
1-800-845-7519**

\_\_\_\_\_, 20 \_\_\_\_

Sir or Madam:

Until further advised, we agree to honor salary deduction requests signed by our employees for insurance issued to them through Bay Bridge Administrators, LLC (BBA) and to forward to BBA monthly premiums for which salary deductions have been made at the request of our employees.

We may, upon reasonable notice to you and to our employees, discontinue salary deductions, in which event the payment of premiums will be a matter directly between each employee and BBA. Written notice of discontinuation will be forwarded to BBA.

We assume no responsibility after the termination of employment of any employee.

Name of Company or Firm \_\_\_\_\_

Address (Street & Number) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

# Payroll Allotment New Account Set Up Instructions Bay Bridge Administrators, LLC

Company Name: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or P.O. Box

City, State, Zip

Service Agent Name (Print): \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Date of 1<sup>st</sup> deduction: \_\_\_\_\_

Owner/ Chief Executive Name: \_\_\_\_\_ Title: \_\_\_\_\_

Are these products included in the Cafeteria 125 Plan? If yes, please state the Anniversary Date: \_\_\_\_\_

Note: Self Bill: Employers remitting from their own payroll deduction files or worksheets must furnish at least the following information with each remittance:  
Employee Name, Social Security or Other I.D Number, Premium, and Check for total amount remitted.