



BAY BRIDGE
ADMINISTRATORS

Employer's Acceptance of Bay Bridge Administrators, LLC Supplemental Insurance

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

_____, 20_____

Gentlemen:

Until further advised, we are prepared to process your Bay Bridge Administrators, LLC. Supplemental Insurance Programs for the benefit of our employees. Our Payroll Department has been instructed to honor salary deduction requests signed by our employees for insurance issued to them by Bay Bridge Administrators, LLC. and to forward to you monthly premiums included in your monthly reports to us and for which salary deductions have been made at the request of our employees.

It is agreed that we may, upon reasonable notice to you and to our employees, terminate Bay Bridge Administrators, LLC. Supplemental Insurance Programs as a whole, in which event the payment of premiums will be a matter directly between each employee and Bay Bridge Administrators, LLC. Written notice of discontinuation will be forwarded to Bay Bridge Administrators, LLC.

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

Name of Company or Firm_____

Address (Street & Number)_____

City_____ State_____ Zip_____

Signed by_____

Soliciting Agent_____

*To be signed in duplicate - one copy retained by Employer and one forwarded to
Bay Bridge Administrators, LLC.*

Payroll Allotment New Account Set Up Instructions

Bay Bridge Administrators, LLC

Case Number: _____ Industry Type: _____ Code: _____

Company Name: _____

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: _____ No. Employees: _____ Date of 1st deduction: _____

Owner/ Chief Executive Name: _____ Title: _____

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

SERVICE AGENT INFORMATION

Servicing Agent: _____

Signature

Address

City, State, Zip

Telephone #

Fax#

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