

# EMPLOYER FAMILY PROTECTION PLAN PAYROLL DEDUCTION AGREEMENT



909 North Washington Street, Alexandria, VA 22314 ▪ 1-800-776-2322 ▪ www.afba.com

It is agreed that the Employer will make payroll deduction of premiums as authorized by Employees and promptly forward the aggregate sum to 5Star Life Insurance Company (5Star Life).

The Employer bears no liability, responsibility or obligation for the Employee's insurance or for the late payment or nonpayment of premium except as provided herein. Employer agrees from the date of payroll deduction, the sums withheld are the property of 5Star Life, and the Employer holds such amounts as agent of 5Star Life with sole obligation of remittance.

The Employer also agrees to provide support for the enrollment of the voluntary insurance program as follows:

- Produce and distribute an announcement letter on the Employer's letterhead.
- Distribute payroll stuffer provided by 5Star Life.
- Schedule a supervisor's meeting that will help familiarize management with the program prior to enrollment.
- Publicize the program through company publications and posting of announcement materials in conspicuous locations.
- Identify individuals who assist in the enrollment. These individuals will be responsible for identifying eligible employees, scheduling meetings and monitoring attendance.
- Provide an individual(s) to introduce enrollment personnel at Employee meetings or to individual Employees.
- Produce a listing of all Employees with at least their name, social security number, birth date and hire date.

If the Employer desires eligibility requirements or special billing based on location, etc., then the appropriate information such a salary, location code, payroll type, etc., will also be required.

5Star Life agrees to furnish a monthly statement indicating the premium due by each participating Employee. Employer agrees to make remittance within 10 days of its receipt of the monthly statement. Employer also agrees to promptly notify 5Star Life of the name, address and phone number of any participant Employee who leaves employment, withdrawals a salary deduction authorization or for whom payment will not be made. If Employer terminates this Agreement by 30 days written notice to 5Star Life, Employer will be fully discharged upon remittance of premiums therefore deducted.

In the event premiums are no longer to be withheld by payroll deduction, the premiums are to be paid the Employee by direct mail billing on a monthly mode, unless some other arrangement is made.

By execution of this Agreement, the Employer pledges its full support and cooperation.

\_\_\_\_\_

Date

\_\_\_\_\_

Name and Title of Person to Receive Billing

\_\_\_\_\_

Employer

\_\_\_\_\_

Address

\_\_\_\_\_

Tax ID #

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Name and Title of Authorized Officer

\_\_\_\_\_

Agent's Signature