



2019 Access US Billing Package Request Form

All groups are automatically enrolled with a single list bill on the TBS platform. Separate billing packages may be available upon request and approval. To request separate billing packages, complete this form and submit to your TBS representative for review.

Employer Name:	Effective Date:
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Billing Account Structure							
<p>How many billing packages would you like to request?</p> <p><i>A minimum of 10 enrolled employees is required to request separate billing packages. A maximum of 5 billing packages are available.</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Two Packages</td> <td style="width: 50%; text-align: center;">Four Packages</td> </tr> <tr> <td style="text-align: center;">Three Packages</td> <td style="text-align: center;">Five Packages</td> </tr> </table>	Two Packages	Four Packages	Three Packages	Five Packages		
Two Packages	Four Packages						
Three Packages	Five Packages						
<p>How would you like the billing separated?</p> <p><i>*If Other is selected, write details in the space provided.</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">By Department or Location</td> </tr> <tr> <td style="text-align: center;">Cobra Members</td> </tr> <tr> <td style="text-align: center;">*Other</td> </tr> <tr> <td style="border-top: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="border-top: 1px solid black; height: 15px;"></td> </tr> <tr> <td style="border-top: 1px solid black; height: 15px;"></td> </tr> </table>	By Department or Location	Cobra Members	*Other			
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Cobra Members							
*Other							

Bill Package Set up			
Provide details for each requested bill group below.			
Bill Package 1			
Package Description: <small>(ex: Name of Division or Location)</small>			
Group Contact for billing information			
Name	Title	Email	Number

Bill Package 2			
Package Description: (ex: Name of Division or Location)			
Group Contact for billing information		Same as above	
Name	Title	Email	Number
Bill Package 3			
Package Description: (ex: Name of Division or Location)			
Group Contact for billing information		Same as above	
Name	Title	Email	Number
Bill Package 4			
Package Description: (ex: Name of Division or Location)			
Group Contact for billing information		Same as above	
Name	Title	Email	Number
Bill Package 5			
Package Description: (ex: Name of Division or Location)			
Group Contact for billing information		Same as above	
Name	Title	Email	Number

Acknowledgements	
1. To ensure employees are enrolled in the proper package, all employees billing package assignment must be clearly identified on the enrollment spreadsheet at new group submission and for future enrollments.	<i>Initials</i> _____
2. While separate billing packages may be available for ease of administration to the plan sponsor, the total premium due under each policy number is taken into consideration each month. A delay in payment for any one billing package, may affect the status for the entire policy.	<i>Initials</i> _____

Plan Sponsor Signature

Date