

# REQUEST FOR DEDUCTION OF MONTHLY PREMIUMS FROM SALARY

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Name of Employee \_\_\_\_\_

SS# of Employee \_\_\_\_\_

Name of Insureds \_\_\_\_\_

To Employer:

I hereby request that you deduct from my salary each month and forward to American Community Mutual Insurance Company the amount of monthly premium shown above. Such deductions shall stop upon written notice by me of the cancellation of this authorization. I understand that this coverage **is not** sponsored by an employer and that the employer is not making any contribution to the premium or fees. In addition, I understand that should the employer fail to timely submit premium on my behalf, coverage may be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NOTICE TO AGENT:

**Attach a copy of the completed form for each applicant to the List Billing Agreement.**