Humana Insurance Company
Group Policy Portability Request

THIS FORM MUST BE RECEIVED WITHIN 63 DAYS IMMEDIATELY FOLLOWING THE TERMINATION OF COVERAGE UNDER THE GROUP POLICY

Administrator: Bay Bridge Administrators, LLC
P.O. Box 161690
Austin, TX 78716

Attn: Underwriting
Phone #: (800) 845-7519
Fax #: (512) 275-9352

TO BE COMPLETED BY INSURED EMPLOYEE:			
Date of Request:		Name of Employer:	
Policy Certificate Number:		Insured's SSN:	
Insured's Full Name	First:	Middle:	Last:
Insured's Address: Street:			
City:	State:	Zip Code:	
Telephone Number:		Employment Termination Date: _____/_____/_____	

COMPLETE THE FOLLOWING IF DEPENDENTS ARE INSURED UNDER THE GROUP POLICY

FIRST	LAST	DOB	SEX	FIRST	LAST	DOB	SEX
SPOUSE				CHILD			
CHILD				CHILD			
CHILD				CHILD			

How would you like to pay your premium?

☐ Automatic Bank Draft* ☐ Direct Bill

How frequently would you like to pay your premium?

☐ Monthly (Bank Draft only) 12 payments equal to your Monthly premium

☐ Quarterly 4 payments of 3 times your Monthly premium

☐ Semi-annually 2 payments of 6 times your Monthly premium

☐ Annually 1 payment of 12 times your Monthly premium

If selecting Direct Bill, a check with the first payment must accompany this application.

The check amount should be based on the payment frequency you selected above. (i.e. If you selected *Quarterly* frequency the check amount should be 3 times your current Monthly premium)

Please make the check payable to: Bay Bridge Administrators, LLC.

I hereby agree to continue my insurance under the group policy outlined above.

Signature of Insured:_____ **Date:**_____

*For payment by bank draft, the enclosed bank draft authorization must be completed in full and returned to our office with this form.

Please return this completed form and a check for your premium payment or the bank draft authorization form to the address above.

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

Questions? Contact Us

Phone: (800) 845-7519
Email: insurance@bbadmin.com

ACH Debit Authorization Agreement

I hereby authorize Bay Bridge Administrators, LLC hereinafter called "COMPANY" to initiate debit entries to the account indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit such to same account. I authorize the COMPANY to debit the necessary amount to keep this program in force in the future. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States of America law.

Company Name: Bay Bridge Administrators, LLC

Company Address: 1101 S Capital of Texas Hwy, Ste. E200, Austin, TX 78746

Full Name: _____ SSN #: _____

Full Address: _____ Telephone: _____

Name(s) on Bank Account: _____

Depository Name: _____ Account Type: ○ Checking ○ Savings

Depository Address: (City, State, Zip) _____

Routing/Transit Number: _____ Account Number: _____

Please include a voided check with this agreement.

Savings Deposit Slips are acceptable for Savings and Money Market Accounts only.

This Authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

Policy/Membership #: _____ Current Debit: $_____

Authorized Signature: _____ Date: _____

(Signature must be the same as on signature card for account.)

Please complete sign, and return this agreement with a voided check to us via one of the following options:

Email: insurance@bbadmin.com

Fax: (512) 275.9351

Mail: PO Box 161690 Austin, TX 78716