



SEBB Organizations Checklist

Policyholder Information

LTD Policy #: 756494

Organization Name: _____

Contact Information

Billing Contact:

Mr. Mrs. Ms. Name: _____ Title: _____

Phone: _____ Email: _____

Mailing address: _____

Which contact should be used for your online Policy Administration tool, AdminEASE? (SELECT ONE)

Billing Other (Please provide contact information in the Notes field)

Billing Modes

Billing Frequency: Check all that apply

- Monthly
- 11thly
- 10thly
- 9thly
- Other: _____

Seasonal Billing: List months not billing

- Monthly N/A
- 11thly _____
- 10thly _____
- 9thly _____
- Other: _____

Billing Administration

Payment and Reconciliation Options: Check your preferred payment method below

- AdminEASE online billing administration
- Paper statements/check/ACH/wire transfer
- Data Feeds (for SEBB Organizations with 1,000+ employees)

Additional Notes & Comments: