

June 1, 2023

Retiree
Vernon Parish School Board

Re: Dental Carrier Change, Effective 7/1/2023

Dear Retiree:

Thank you for your continued business with AmeriLife Benefits/Taylor & Sons Insurance Services. The purpose of this letter is to inform Vernon Parish School Board retirees of the dental carrier change, effective 7/1/2023.

Your current coverage with Bright Benefits Dental will terminate 6/30/2023.

Retirees may continue Dental coverage by completing an Ameritas Enrollment form and Bank Draft Authorization. These forms are enclosed.

The AmeriLife Benefits Customer Support Team is available to assist with any questions and/or concerns you may have regarding this change. Completed forms along with a voided check may be mailed, emailed, or faxed to:

Mail: AmeriLife Benefits/Taylor & Sons Insurance Services
1201 Derek Drive, Suite A
Hammond, LA 70403
Email: CustomerSupport@AmerilifeBenefits.com
Fax: 1-844-665-7638

Should you have any questions regarding the enclosed, or if our office can be of any further assistance to you, please do not hesitate to contact us.

AmeriLife Benefits/Taylor & Sons Insurance Services

Phone: 833-909-1575
Email: CustomerSupport@AmerilifeBenefits.com

Sincerely,

EFT Form

Electronic Funds Transfer Authorization



Ameritas Life Insurance Corp. P.O. Box 82669 / Lincoln, NE 68501 / 800-659-2223 / Fax: 402-467-7338

Request and Authorization for Bank Payment Plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

Online: Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, ameritas.com, sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

Mail: Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

Authorized Agreement for Prearranged Payments (Debits)

Group Policy # 010-351902 Phone # _____

Policyholder Name Vernon Parish School Board

Policyholder Contact Retiree Name:

New Authorization Change of Account

Checking Account Savings Account

I hereby authorize Ameritas to initiate debit entries to the account number listed below, and at the bank named below, herein called BANK, to debit the same to such account. The EFT draft will be monthly or quarterly, whichever payment option was selected, on or about the first day of the coverage period.

Bank Account Number _____ Bank Routing Number (9 digits) _____

Bank Name _____

Account Name _____

Address _____

City _____ State _____ ZIP _____

Phone Number of Financial Institution _____

To ensure a timely and effective setup, it is necessary to send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first.

RETIREE

Name (print)

Title of Authorized Signer

X _____

N/A

Signature

Date

Federal Tax ID#

Please keep a copy of this form for your records.