

## **List Bill Accounts Commonly Asked Questions**

### **Q. What groups are eligible for a List Bill Account?**

A. List Bill is available to employer and non-employer groups with 2 or more members. Group eligibility will be reviewed upon submission of the List Bill Account Agreement.

### **Q. How do groups set up a List Bill Account?**

A. The first step is completing the List Bill Account Agreement and submitting to [NGAHLlistBill@ngic.com](mailto:NGAHLlistBill@ngic.com). Once the List Bill Account has been approved, an account number will be provided via e-mail along with information on how to access List Bill Account information online. The Account Number provided should be used when members are enrolling for coverage.

### **Q. How do members enroll for coverage under a List Bill Account?**

A. The List Bill Account number is a required field on the demographics page of the QuoteNatGen.com online enrollment process. Agents should enter the applicable List Bill Account number and follow the normal enrollment process with each enrolling member.

### **Q. Where do I access the List Bill Account information?**

A. List Bill Account information can be accessed by the Agent and the Account Owner via the List Bill Account Management Portal. Information on how to access the portal will be included in the welcome e-mail sent to the List Bill Account owner when the List Bill Account is created.

### **Q. Are there any enrollment limitations with List Bill?**

A. Yes. All plans are required to have a 1<sup>st</sup> of the month effective date when List Bill is selected.

### **Q. Are there product limitations when List Bill is selected?**

A. Yes.

- National General Accident & Health Short-Term Medical is currently not available with the List Bill option. Short Term Medical plans are available with our standard individual billing options
- Starmount Dental or other non-National General products are not available with the List Bill option
- There are also some state restrictions:
  - Arkansas – List Bill not available for TrioMed, Plan Enhancer, CHS , Hospital Expense Protection, or NG Foundation Health sales
  - Massachusetts, Utah, and Wyoming – List Bill not available for NG Foundation Health sales (State restrictions are based on List Bill Account Owner business location, not individual enrollee. For example, if the List Bill Account owner is domiciled in Utah, they cannot offer NGFH to any members no matter where the member resides)

### **Q. How often will the Account Owner be billed?**

A. List Bill Accounts are billed on a monthly basis. Invoices will be available for viewing via the List Bill Account Management Portal. List Bill Account Owners will receive an e-mail notification when the monthly invoice is available.

List Bill payments are collected via a monthly ACH draft. The draft will occur approximately 5 days after the monthly invoice is provided.

### **Q. What happens if the monthly ACH draft fails?**

A. If the monthly ACH draft fails, the National General List Bill team will reach out to the List Bill Account Owner and their Agent to reconcile payment due. If the payment is not received in a timely manner, the List Bill Account members will then be sent a policy lapse notice. The List Bill members will have the opportunity to move to a direct payment method or let their coverage terminate for reasons of non-payment. Please note: Any questions from members regarding billing will be directed to the List Bill Account owner.

### **Q. Who can I contact if I have questions relating List Bill?**

A. Please contact the National General List Bill team at (414)999-2152 or email to [NGAHLlistBill@ngic.com](mailto:NGAHLlistBill@ngic.com).

National General Accident & Health markets products underwritten by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation.

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## LIST BILL ACCOUNT AGREEMENT

All applicable sections must be completed for processing.

**ACCOUNT TYPE:** New Account \_\_\_\_ Changes to existing Account \_\_\_\_

### LIST BILL ACCOUNT OWNER INFORMATION

Entity Name: \_\_\_\_\_

TAX ID Number: \_\_\_\_\_ Number of eligible participants: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### BILLING ADMINISTRATOR INFORMATION

Billing Administrator (if different from List Bill Account contact): \_\_\_\_\_

Billing Address (if different from List Bill Account address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

By providing the billing administrator's email address, the List Bill Account Owner agrees to receive billing account information and other correspondence electronically.

### LIST BILL ACCOUNT OWNER CERTIFICATION

I understand that the plans are solely owned by the individual List Bill Account participants enrolling in the coverage. Participants retain the sole right to elect or decline coverage and participants must directly contact National General Accident & Health with any questions related to their purchased products. I agree to remit such payment to National General Accident & Health by the premium due date. I further acknowledge that if I am an employer and the plans offered as part of an employee benefit plan and /or on a pre-tax basis, I may be held responsible for certain ERISA reporting requirements or other tax obligations, and there may be employment law issues with these plans. I understand that I should consult a qualified professional for tax, legal, and benefit advice. I agree that National General Accident & Health can terminate this List Bill Account Agreement at any time. I further agree that if I request termination of this Agreement, my request must be received by National General Accident & Health in writing at least 30 days prior to the termination date. I understand that I will receive any premium refund due to any participant and it will be my responsibility to provide such refund to the applicable participant.

**LIST BILL ACCOUNT OWNER**

The List Bill Account Owner hereby certifies understanding of the above information and that such information is correct and true to the best of their knowledge and belief.

Authorizing Officer's Name/Title: (Please print) \_\_\_\_\_

Authorizing Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT**

I certify that I have truly and accurately recorded all information provided by the List Bill Account Owner and/or the List Bill Account Owner's representative.

Agent's Name: (Please print) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**LIST BILL – PAYMENT INFORMATION**

Account Owner Name: \_\_\_\_\_

Monthly Automatic Payment

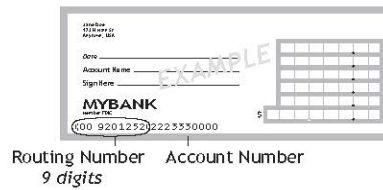
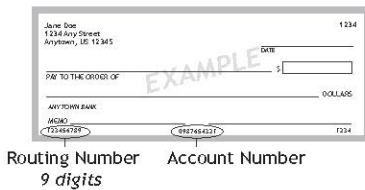
Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Select Account Type:

Checking

Savings



Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**AUTHORIZATION FOR AUTOMATIC PAYMENT — please print and sign below**

I authorize National General Accident & Health to withdraw funds or charge my account as directed in my Payment Information above. I agree subsequent payments can be withdrawn or charged until National General Accident & Health has received written notification from me to stop future charges and has a reasonable opportunity to act on the notification.

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit completed List Bill Account Agreement with signatures to [NGAHLlistBill@ngc.com](mailto:NGAHLlistBill@ngc.com)