

PAYMENT PLAN ENROLLMENT FORM

Please use this form to enroll in a premium payment plan.

_____,
(Policyholder Name)

(Policy No./Quote No.)

has chosen the following payment plan option:

<u>Premium</u>	<u>Payment Plan Options</u>	
Less than \$1,000	<input type="checkbox"/> Annual prepaid	
\$1,000-\$1,500	<input type="checkbox"/> Annual prepaid	<input type="checkbox"/> Two installment
\$1,501-\$3,500	<input type="checkbox"/> Annual prepaid <input type="checkbox"/> Four installment	<input type="checkbox"/> Two installment <input type="checkbox"/> Six installment
\$3,501-\$10,000	<input type="checkbox"/> Annual prepaid <input type="checkbox"/> Four installment <input type="checkbox"/> Quarterly reporting	<input type="checkbox"/> Two installment <input type="checkbox"/> Six installment
\$10,001-\$35,000	<input type="checkbox"/> Annual prepaid <input type="checkbox"/> Four installment <input type="checkbox"/> Quarterly reporting	<input type="checkbox"/> Two installment <input type="checkbox"/> Six installment <input type="checkbox"/> Monthly reporting
\$35,001 or more	<input type="checkbox"/> Annual prepaid <input type="checkbox"/> Four installment <input type="checkbox"/> Eight installment <input type="checkbox"/> Quarterly reporting	<input type="checkbox"/> Two installment <input type="checkbox"/> Six installment <input type="checkbox"/> Nine installment <input type="checkbox"/> Monthly reporting

Down payments/deposits:

- The two-installment option requires a 50 percent down payment with the balance due in 60 days.
- The four-installment option requires a 25 percent down payment with billings every 60 days.
- All other installment options require a 15 or 25 percent down payment with billings every 30 days.
- Quarterly reporting requires a 50 percent deposit.
- Monthly reporting requires a 25 percent deposit.

In all cases, security deposits will be transferred to down payments at renewal, and there will be a \$10 service charge per installment.

The undersigned understands any unpaid balance due as a result of the cancellation of this policy will result in cancellation of the new payment plan policy.

Signature: _____

Date: _____

Submit completed form to:

Missouri Employers Mutual Insurance
P.O. Box 1810
Columbia, MO 65205
or
Fax: 1.800.442.0598