



TruAssure Insurance Company Self Funded Billing Form

Send completed form to billing@truassure.com

PLEASE SELECT YOUR REASON FOR SUBMITTING THIS FORM

- New Enrollment in weekly recurring ACH debit
- Changes to banking or contact information

NOTE: Access to Employer Connection is required to download invoice.

PLEASE COMPLETE THE BELOW FOR YOUR GROUP REQUEST

Group Name

Group Number

FOR WEEKLY ACH DEBIT NEW ENROLLMENTS OR CHANGES, PLEASE SUPPLY BANKING INFORMATION AND INCLUDE A VOIDED CHECK.

Bank Name

Account Number

Routing Number

Contact Name

Contact Email

Signature

Date