



# TruAssure Insurance Company Fully Insured Group Billing Form

Send completed form to [billing@truassure.com](mailto:billing@truassure.com)

## PLEASE SELECT YOUR REASON FOR SUBMITTING THIS FORM

- New Enrollment in monthly recurring ACH debit
- One-time payment by ACH debit. Please include amount: \$ \_\_\_\_\_
- Changes to banking or contact information. Changes must be requested by the 5th of the month for the following month's ACH debit.

## PLEASE COMPLETE THE BELOW FOR YOUR GROUP REQUEST

Group Name

Group Number

Sub-Account Name

Sub-Account Number

## FOR ONE-TIME OR MONTHLY 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

**TruAssure Insurance Company will send an email to the contact designated indicating the amount of premium that will be debited. For recurring monthly payments, ACH debit occurs the first business day of the month. For one-time payments, the process starts when requested.**

**Please select your preferred billing delivery method for your monthly invoice:**

- Paper
- Email (provide name and email below if different than group contact included on this form)  
Note: Access to the employer portal on [truassure.com](http://truassure.com) is required to download your invoice.

Name

Email