



PIOPAC Fidelity

Direct Deposit Payment Employer Agreement

Please provide completed and signed form to: inquiry@piopac.com

Group#: _____

Employer Information

Organization Name		Contact Name
First Date of DDP	Number of DDP's/year	Authorizing Name & Title
	__12 __ 24 __ 26 __ 52	

We hereby accept and agree to the below statements.

- We understand PIOPAC will create premium escrow accounts for purposes of paying insurance premiums identified on the employee authorizations for each applying employee.
- We agree to set up Direct Deposit Payments to these employee escrow accounts as assigned by PIOPAC. These payments will split off from employee's net pay and redirect to premium escrow accounts accordingly.
- I understand that I will provide benefits to my employees but there will be no required action by our organization of collection of insurance premiums, no reconciling invoices, no remitting premiums to carriers. (We assign that responsibility to PIOPAC)
- We agree to provide access so my employees and support their opportunity to become educated on the benefit offerings to better understand the benefits I am making available them.
- I designate PIOPAC to handle and process premiums including: gathering from premium escrow accounts, reconciling invoices where necessary, and remitting to carrier(s) on my behalf.
- Each employee that applies for coverage will authorize drafting amounts to designated accounts in a separate authorization which will be provided to the payroll company and insurance broker.
- We agree to upload individual additions and changes into our payroll system in order to push funds to PIOPAC in order to pay the employee premiums on their behalf. We agree to make changes as necessary whether individually or using file uploads.

Acceptance of Statement of Work and Scope

I am an authorized employee of the organization identified herein and hereby assign the responsibility of collecting, aggregating, and remitting premiums of employee premiums of our employees. We acknowledge PIOPAC will create and assign premium escrow accounts that will be used only for insurance premiums for policies our organization has promoted to be enrolled. Each employee will sign an authorization or have access to our HR portal where they can self-assign direct deposit payment from their net pay. These premiums amounts will be uploaded into our payroll system and we will push the funds authorized by employees accordingly and PIOPAC will be in receipt of these premiums and be invoiced directly by the carriers. PIOPAC will reconcile and remit premiums accordingly. In the event we authorize disability premiums be collected for our employees, we hereby agree to complete necessary claim forms in order for employees to utilize purchased benefits as needed. The service fee charged for PIOPAC services is assumed to be paid by the employees unless otherwise agreed to otherwise.

Authorized Signature

I hereby authorize my employer to remit premiums as noted above to PIOPAC Fidelity, Inc. (Third Party Administrator) to pay premiums as outlined above. These authorizations remain effective and in full force until employee notifies employer to discontinue or modify amounts to send. PIOPAC will pay premiums accordingly.

Authorized Company Signer: _____ Date: _____

Associate's/Agent's Signature: _____ Writing Number: _____ Date: _____