

State law mandates that if you run payroll for employees you must carry a disability (“DBL”) policy.

What TotalBen is offering:

- Policy is integrated to your payroll
- Carrier is A-rated: Standard Security Life Insurance Company of New York



# Lives	Monthly Male	Monthly Female
0	\$5.00 Flat Charge	
1-9	\$1.69	\$3.68
10-49	\$1.90	\$4.20

- **Rates are different for LLC members (not their employees) that want coverage**
- Minimum annual premium is \$60.00
- At some point after the end of each month, your monthly premium will automatically be Debit ACH-ed from your bank account, based on the number of males/females that were on payroll, with a \$5 minimum charge.

What you need to do to proceed:

- Complete the attached Debit ACH form
- Sign the attached Reg 194 form
- List the names of the owners
- Fax both pages and a copy of a voided check to **718-535-7071** or scan it to **dbl@totalben.com**

List the names of the owners:

1. _____

2. _____

3. _____

4. _____

5. _____



Automatic Debit Agreement Form

Authorization Agreement

I hereby authorize **Standard Security Life Insurance Company of New York** to initiate automatic debits to my account at the financial institution named below. I also authorize **Standard Security Life Insurance Company of New York** to make deposits to this account in the event that a debit entry is made in error.

Further, if I do not have enough money in my account to cover the transfer or if my Financial Institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of **\$25.00** as a returned item fee in accordance with the terms of my agreement.

This agreement will remain in effect until **Standard Security Life Insurance Company of New York** receives a written notice of cancellation from me allowing **30 days** to process my request.

Payment Information

Standard Security Life Insurance Company of New York will debit, on or about two business days after the first of the month, all premium generated from reported payroll for the previous month. This premium includes all expense constants, up front costs and any other fees previously agreed upon.

Standard Security Life Insurance Company of New York will send a confirmation email to

_____ prior to withdrawing funds.

Account Information

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____ Checking: Savings:

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form.

Fax: (718) 979-3791

Producer Compensation Disclosure Statement

Insured Company Name: _____

The following disclosure is provided pursuant to New York State Insurance Department Regulation No. 194 (11 NYCRR 30.1 *et seq.*)

TotalBen LLC (the "producer") is an insurance producer licensed by the State of
(Agent Name)

New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

I have read and understand the information contained in this disclosure:

(Purchaser Signature) Date _____



(Producer Signature) Date _____