



Portability Request Form

**THIS FORM MUST BE RECEIVED WITHIN 60 DAYS IMMEDIATELY FOLLOWING THE
TERMINATION OF COVERAGE UNDER THE GROUP POLICY**

Mail, fax or email your application and payment to:			Bay Bridge Administrators LLC P.O. Box 161690 Austin, TX 78716
Email: <u>billing@bbadmin.com</u>	Fax: <u>(512) 275-9351</u>	Phone: <u>(855) 900-4777</u>	

TO BE COMPLETED BY INSURED EMPLOYEE:			
Date of Request:		Name of Employer:	
Policy Certificate Holder Number:		Insured's SSN:	
Insured's First Name:	Middle:	Last Name:	
Insured's Address: Street:			
City:		State	Zip Code:
Phone Number:	Email Address:	Employment Termination Date ____/____/____	

COMPLETE THE FOLLOWING IF DEPENDENTS ARE INSURED UNDER THE GROUP POLICY							
First	Last	DOB	Sex	First	Last	DOB	Sex
Spouse				Child			
Child				Child			
Child				Child			

PREMIUM PAYMENT OPTIONS <input type="checkbox"/> Automatic Bank Draft (complete Automatic Withdrawal Authorization form) <input type="checkbox"/> Direct Bill
PREMIUM PAYMENT FREQUENCY <input type="checkbox"/> Monthly (Bank Draft only) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
<p>If selecting Direct Bill, a check with the first payment must accompany this application. <i>If monthly frequency is selected, please complete the Automatic Withdrawal Authorization.</i></p> <p>The check amount should be based on the payment frequency you select above (i.e. if you selected quarterly, the check amount should be 3 times your current monthly premium).</p> <p>Please make the check payable to: Bay Bridge Administrators I hereby agree to continue my insurance under the group policy outlined above</p> <p>Signature of Insured: _____ Date: _____</p>

AUTOMATIC WITHDRAWAL REQUEST AUTHORIZATION

Name on Account:

First Name MI Last Name

SSN: _____

Address on Account:

Street Address City State Zip

Phone: _____ **Email:** _____

Banking Information:

Bank Name

Routing Number (9 digits) Account Number **Account type:** Checking Savings

ATTACH VOIDED CHECK HERE

I (we) authorize Bay Bridge Administrators LLC to initiate automatic withdrawals from my (our) account indicated above.

Authorized Signature

Date

Please return form with filed claim to: Bay Bridge Administrators LLC
Attn: Billing Team
P.O. Box 161690
Austin, TX 78716
Phone: (855) 900-4777 Fax: (512) 275-9351
Email: billing@bbadmin.com