

Payment Disclaimer Form

(used with products marketed to individuals and families)

Instructions: This disclaimer statement should be completed when an employer check is going to be used for payment of your medical insurance plan premium. Please, call your tax advisor for further information.

EMPLOYER PORTION

I hereby certify that I am a duly appointed representative of the applicant's employer and that the following information is true and correct:

1. The employer pays no portion of the premium for the applicant's medical insurance plan;
2. The applicant is not reimbursed in any way by the employer, including wage adjustments, for any portion of the premium for his/her medical insurance plan;
3. The employer does not treat the applicant's medical insurance plan as a plan eligible for certain tax advantages under Sections 106, 125, 162, or 220 of the U.S. Internal Revenue Code;¹ and
4. The employer does not deduct from the employee's paycheck to pay health premiums; **OR** if payroll deductions are used, the employer makes payroll deductions available for payment of health premiums to other insurers.

Name of Applicant's Employer _____

Address of Employer _____

Name of Authorized Representative _____

Authorized Representative's Signature _____ Date _____

APPLICANT'S PORTION

I hereby certify that the following information is true and correct:

1. I do not treat this medical insurance plan as a plan eligible for certain tax advantages under Sections 106, 125, 162, or 220 of the U.S. Internal Revenue Code;¹ and
2. I understand that I am applying for medical insurance coverage that is **NOT** a small employer group health plan.

Applicant's Name _____

Applicant's Signature _____ Date _____

¹ Section 106 of the Internal Revenue Code — Contributions by Employer to Accident and Health Plans

Section 125 of the Internal Revenue Code — Cafeteria Plans

Section 162 of the Internal Revenue Code — Trade or Business Expense

Section 220 of the Internal Revenue Code — Medical Savings Accounts



P.O. Box 19032, Green Bay, WI 54307-9032
(920) 661-1111 • (800) 232-5432

Insurance products are underwritten by American Medical Security Life Insurance Company.