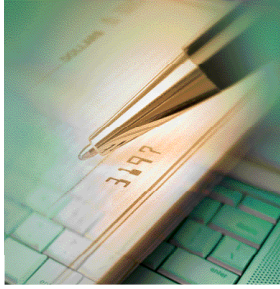


Electronic Payment Plan (EPP)



Discover the safe, simple, and convenient way to automatically pay your premium installments.

If you're a ProAssurance policyholder, it's easy to enroll:

- **online at ProAssurance.com/EPP**—Sign into your account to access the Electronic Payment Plan page

*please note—allow us at least two business days to verify credentials

- **by mail**—send your completed authorization form to:
ProAssurance, Attn: EPP
PO Box 590009
Birmingham, AL 35259-0009
- **by fax**—fax your completed authorization form to:
Attn: EPP Administrator at **205-868-4022**
- **by email**—email your completed authorization form to:
EPPRegistration@ProAssurance.com

If you're not yet a ProAssurance policyholder, simply include your completed authorization form along with your application for insurance coverage.

First payment withdrawal date

When your EPP account is activated, we will send you a statement showing your first scheduled withdrawal. Until you receive this Electronic Payment Plan Statement, please continue to pay any ProAssurance invoices you receive.

It's easy to make changes to your account:

- **to change the bank account used for payment withdrawal**—submit a new authorization form, or edit your account information after signing in at ProAssurance.com
- **to discontinue payments**—notify ProAssurance in writing, or click the “Deactivate EPP” button on the Electronic Payment Plan page after signing in at ProAssurance.com. We will send you a revised invoice after we receive your written notice of EPP cancellation
- **please note**—allow us at least 10 business days to process your written request

Questions?

Call **800-282-6242** and ask to speak with a policy specialist.

ELECTRONIC PAYMENT PLAN AUTHORIZATION FORM

*Form must be signed before it can be processed

Choose one:

- Apply for the Electronic Payment Plan

**All fields required for new enrollment

- Request to change account information
(existing program participants only)

Policyholder Name: _____

Billing Address: _____

Email Address: _____

Phone: _____

Policy Number: _____

Payment Schedule Options

(Payment options vary by state. Please contact your agent or underwriter for available options.)

- Semi-Annual** (installments of 60% and 40%)
 Quarterly (installments of 35%, 25%, 25%, and 15%)
 Nine-Pay (first installment 20%; eight 10% installments)

Your Financial Institution Information

Bank Name: _____

Account Type: **Checking** **Savings**

Routing Number: _____

Account Number: _____

I hereby authorize ProAssurance and the financial institution named above to initiate entries as scheduled on the EPP statement from the account referenced above. I can cancel this authority and stop payments at any time by either giving ProAssurance written notice or cancelling online at ProAssurance.com at least 10 days prior to my next scheduled payment date.

Printed Name: _____

Title: _____

*Signature: _____

Date: _____



PROASSURANCE[®]

Treated Fairly

Healthcare Professional Liability Insurance
& Risk Resource Services

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