National General
Accident & Health

List Bill Accounts
Commonly Asked Questions

Q. What groups are eligible for a List Bill Account?

A. List Bill is available to employer and non-employer groups with 2 or more members. Group eligibility will be reviewed upon submission of the List Bill Account Agreement.

Q. How do groups set up a List Bill Account?

A. The first step is completing the List Bill Account Agreement and submitting to NGAHListBill@ngic.com. Once the List Bill Account has been approved, an account number will be provided via e-mail along with information on how to access List Bill Account information online. The Account Number provided should be used when members are enrolling for coverage.

Q. How do members enroll for coverage under a List Bill Account?

A. The List Bill Account number is a required field on the demographics page of the QuoteNatGen.com online enrollment process. Agents should enter the applicable List Bill Account number and follow the normal enrollment process with each enrolling member.

Q. Where do I access the List Bill Account information?

A. List Bill Account information can be accessed by the Agent and the Account Owner via the List Bill Account Management Portal. Information on how to access the portal will be included in the welcome e-mail sent to the List Bill Account owner when the List Bill Account is created.

Q. Are there any enrollment limitations with List Bill?

A. Yes. All plans are required to have a 1st of the month effective date when List Bill is selected.

Q. Are there product limitations when List Bill is selected?

A. Yes.

- National General Accident & Health Short-Term Medical is currently not available with the List Bill option. Short Term Medical plans are available with our standard individual billing options
- Starmount Dental or other non-National General products are not available with the List Bill option
- There are also some state restrictions:
  - Arkansas – List Bill not available for TrioMed, Plan Enhancer, CHS , Hospital Expense Protection, or NG Foundation Health sales
  - Massachusetts, Utah, and Wyoming – List Bill not available for NG Foundation Health sales

  (State restrictions are based on List Bill Account Owner business location, not individual enrollee. For example, if the List Bill Account owner is domiciled in Utah, they cannot offer NGFH to any members no matter where the member resides)

Q. How often will the Account Owner be billed?

A. List Bill Accounts are billed on a monthly basis. Invoices will be available for viewing via the List Bill Account Management Portal. List Bill Account Owners will receive an e-mail notification when the monthly invoice is available.

List Bill payments are collected via a monthly ACH draft. The draft will occur approximately 5 days after the monthly invoice is provided.

Q. What happens if the monthly ACH draft fails?

A. If the monthly ACH draft fails, the National General List Bill team will reach out to the List Bill Account Owner and their Agent to reconcile payment due. If the payment is not received in a timely manner, the List Bill Account members will then be sent a policy lapse notice. The List Bill members will have the opportunity to move to a direct payment method or let their coverage terminate for reasons of non-payment. Please note: Any questions from members regarding billing will be directed to the List Bill Account owner.

Q. Who can I contact if I have questions relating List Bill?

A. Please contact the National General List Bill team at (414)999-2152 or email to NGAHListBill@ngic.com.

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LIST BILL ACCOUNT AGREEMENT

All applicable sections must be completed for processing.

ACCOUNT TYPE: New Account ____ Changes to existing Account ____

LIST BILL ACCOUNT OWNER INFORMATION

Entity Name: _____

TAX ID Number: _____ Number of eligible participants:_____

Is the entity an employer? Yes☐ No☐ If yes, are participants' employees of the entity? Yes☐ No☐

If *No* to either of the previous two questions please complete the *NON-EMPLOYER LIST BILL ACCOUNT* section.

Desired Effective Date: _____

Contact Name: _____

Physical Address: _____

City: _____ State: _____ Zip:_____

Daytime Phone: _____ Alternate Phone: _____

Email Address* _____

*By providing the billing administrators email address, the List Bill Account Owner agrees to receive their billing account information and other correspondence electronically. E-mail address is required to establish a List Bill Account.

BILLING ADMINISTRATOR INFORMATION

Billing Administrator (if different from List Bill Account contact): _____

Billing/Mailing Address (if different from List Bill Account address)

Mailing Address: _____

City: _____ State: _____ Zip:_____

Daytime Phone: _____ Alternate Phone: _____

NON-EMPLOYER LIST BILL ACCOUNT (if applicable)

Please describe the entity applying for a List Bill Account: _____
_____

What is the relationship between the entity and List Bill participants? _____
_____

How will premium be collected for List Bill participants' plans? _____

_____

Do you intend to charge any administrative fees to List Bill participants? Yes ☐ No ☐ If yes, please describe:

_____

Are billing agreement(s) &/or authorizations utilized by the entity for collecting funds? Yes ☐ No ☐ Please provide sample copies if applicable.

Is a TPA or Billing Company utilized to collect and remit funds? Yes ☐ No ☐

If yes, what is the name of the TPA or Billing Company? _____

Please be advised that non-employer list bill account information will be reviewed for eligibility. If additional information is needed to verify eligibility, you will be contacted by our List Bill Account team.

LIST BILL ACCOUNT OWNER CERTIFICATION

I, the List Bill Account Owner, understand that the plans are solely owned by the individual List Bill Account participants enrolling in the coverage. Participants retain the sole right to elect or decline coverage and participants must directly contact National General Accident & Health ("NGAH") with any questions related to their purchased products. I agree to remit such payment to NGAH by the premium due date. I further acknowledge that if I am an employer and if the plans offered are part of an employee benefit plan and /or on a pre-tax basis, I may be held responsible for certain ERISA required reporting requirements or other tax obligations, and there may be employment law issues with these plans. I understand that I should consult a qualified professional for tax, legal, and benefit advice. If I am not an employer, I certify that: 1) I have express authorization from all List Bill Account participants (which I will provide to NGAH upon request) that permits me to collect such participants' premium and submit such premium to NGAH, and, 2) I am using an appropriately licensed Third Party Administrator or billing administrator to manage/collect such premium payments. I shall indemnify, defend and hold National Health Insurance Company, and its parent, affiliates, officers, employees and agents harmless from and against any and all claims, demands, expenses (including reasonable attorneys' fees), damages, judgments, fines or losses related to List Bill Account Owner's negligence, willful misconduct, or failure to satisfy any elements of this certification provided herein. I agree that NGAH can terminate this List Bill Account Agreement at any time. I further agree that if I request termination of this Agreement, my request must be received by NGAH in writing at least 30 days prior to the termination date. I understand that I will receive any premium refund due to any participant and it will be my responsibility to provide such refund to the applicable participant.

LIST BILL ACCOUNT OWNER

The List Bill Account Owner hereby certifies the understanding of the above information and that such information, and all information provided to National General Accident & Health in support of this application, is correct and true to the best of their knowledge and belief.

Authorizing Officer's Name/Title: (Please print) _____

Authorizing Officer's Signature:_____ Date:_____

AGENT

I certify that I have truly and accurately recorded all information provided by the List Bill Account Owner and / or the List Bill Account Owner's representative.

Agent's Name: (Please print) _____

Phone Number: _____ Email Address:_____

Agent's Signature_____ Date:_____

National General Accident & Health

LIST BILL – PAYMENT INFORMATION

Account Owner Name: _____

If Payment Account Owner is different than List Bill Account entity applying, please explain:_____

_____

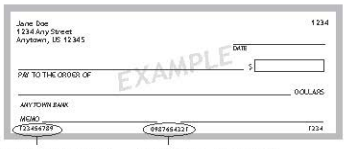
Monthly Automatic Payment

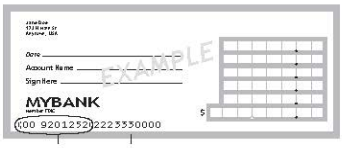
Bank Name: _____

City:_____ State:_____

Select Account Type (Please circle one)

Checking* Savings





**If checking is selected, please provide a copy of a canceled check*

Routing Number: _____ Account Number: _____

Authorizing Signor's Name/Title: (Please print) _____

AUTHORIZATION FOR AUTOMATIC PAYMENT — please sign below

I authorize National General Accident & Health to withdraw funds or charge my account as directed in my Payment Information above. I agree subsequent payments can be withdrawn or charged until National General Accident & Health has received written notification from me to stop future charges and has a reasonable opportunity to act on the notification.

Authorizing Signor's Signature:_____

Date: _____