

Employer Group must complete the following Partial Payment Designation and return to Allied Administrators noting which coverage will be paid first in the event Employer Group submits a partial premium payment. Employer Group may change the priority preference for partial payment allocation by completing a new Partial Payment Designation and returning to Allied Administrators.

Partial Payment Designation

Group Name: _____

Please indicate preference of partial payment priority by noting a "1" for the coverage payment to be applied first, a "2" for the coverage payment to be applied second, and so on. If a particular coverage is not being offered please use N/A.

____ Delta Dental ____ Vision ____ Life ____ LTD ____ Personal Protection Plan

Group Plan Administrator Name (please print): _____

Group Plan Administrator Signature: _____

Date: _____

Return to: Allied Administrators, 825 Battery St, San Francisco, CA 94111

Email: underwriting@alliedadministrators.com