

Fax: (866) 329-4527

1 Billing Email Information (eBill or Electronic Payment)

Billing Name and/or Number: \_\_\_\_\_

Billing Email Address \_\_\_\_\_

Name of Email Owner \_\_\_\_\_

Additional Billing Email Address (optional) \_\_\_\_\_

Name of Additional Email Owner \_\_\_\_\_

2 Individual Security Access Information (eBill or Electronic Payment)

Complete the following for each individual to be given access to your bills. If more than three, attach a page with the additional information.

Table with 4 columns: (A)dd, (M)odify, or (D)elete; Authorized User (First name, Last name); Email Address; (V)iew, (U)pdate, (P)ay, or (A)ll. Includes rows for user selection and email entry.

3 Payment Mode (eBill or Electronic Payment)

Electronic Payment (If this option is selected, complete section 4 below.)

Pay by Check (If this option is selected, do not complete section 4 below.)

4 Bank Account Information or Copy of Voided Check (Electronic Payment only)

Please provide the information below or securely attach a voided check.

Account Type - Check one option from each group below:

Form with checkboxes for Savings, Checking, Individual, Joint, and Other (Corp., Trust, etc.).

Print Name of Financial Institution \_\_\_\_\_ City, State, Zip of Financial Institution \_\_\_\_\_

Grid for Bank Routing/Transit Number (9 digits) and Bank Account Number.

Bank Routing/Transit Number (always 9 digits) Bank Account Number

Authorized Account Holder(s):

Printed Name of Authorized Account Holder \_\_\_\_\_

Printed Name of Additional Authorized Account Holder, if applicable \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number of Authorized Account Holder

Email of Authorized Account Holder \_\_\_\_\_

Street Address of Authorized Account Holder \_\_\_\_\_

City/State/Zip of Authorized Account Holder \_\_\_\_\_

5 Signatures (eBill or Electronic Payment)

By signing below, the account holder acknowledges that he/she understands and agrees to the Terms and Conditions found in Section B of this form and confirms the accuracy of the information provided on this form.

X \_\_\_\_\_
Authorized Account Holder

\_\_\_\_\_
Title Date

X \_\_\_\_\_
Plan Administrator

\_\_\_\_\_
Title Date

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**A Important instructions for completing this form**

Use this consent form to authorize MassMutual to deliver bill notifications to you electronically, and to draft payments from a specified bank account if you choose to pay electronically.

1. This form must be signed by the Plan Administrator. If the Electronic Payment option is selected, this form must also be signed by an Authorized Account Holder.
2. Thoroughly read the Terms and Conditions in Section B and signature instructions in Section A Subsection 5 before completing this form. Contact your financial services representative with questions.
3. This form is electronically "fill-able" allowing you to complete everything except the signature section on your computer. Completing the form electronically and printing the results before signing is the preferred method, but the form can be printed and completed by hand.

**1 Billing Email Information (eBill or Electronic Payment)**

Billing Name and/or Number, Billing Email Address and Name of Email Owner are required. The email specified is used to notify the recipient that a bill is ready.

One additional Billing Email Address and owner name may be supplied, but is optional.

**2 Individual Security Access Information (eBill or Electronic Payment)**

If listing more than three individuals, attach an additional page with the required information.

For each user

**(A)dd, (M)odify, or (D)elete:** Check the appropriate box to indicate whether the user is to be added, modified, or removed.

**Authorized User:** Print the full user name (first name, last name).

**Email Address:** Print the user's email address.

**(V)iew, (U)pdate, (P)ay, or (A)ll:** Check the box that defines the security level for the named individual (see table below for security level descriptions).

Security Levels

Entry	Level	Definition
V	View	Grants ability to view the electronic bill only. User cannot modify the bill and/or banking information and cannot pay the bill.
U	Update	Grants the ability to view and modify the bill and/or banking information. User cannot pay the bill.
P	Pay	Grants the ability to view and pay the bill electronically. User cannot modify the bill and/or banking information.
A	All	Grants the ability to view, update and pay.

**3 Payment Mode (eBill or Electronic Payment)**

Check the box indicating the mode to be applied.

- **Electronic Payment** Authorizes MassMutual to draft electronically when you initiate a payment within the MassMutual eBill website.
- **Pay by Check** Activates an email service that notifies you when a bill is ready for viewing. Upon verifying the bill on-line, remit a check to the lockbox address noted in Section C - Customer Service Information below.

4

**Bank Account Information or Copy of Voided Check (*Electronic Payment only*)**

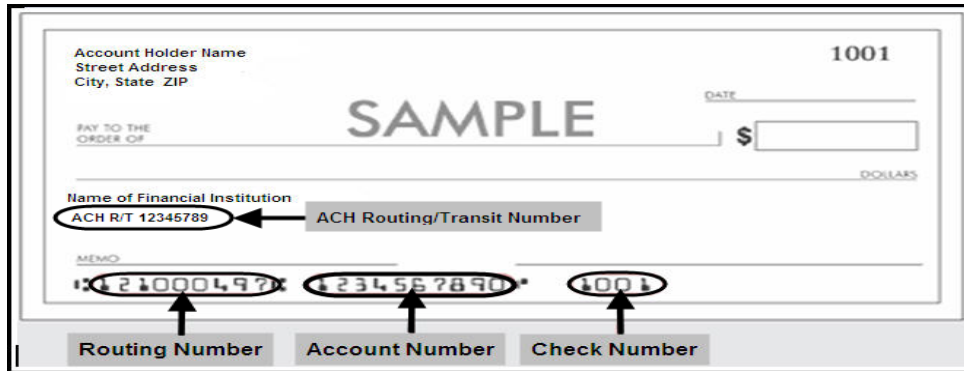
Account Type – Indicate:

- Savings (or) Checking
- Individual (or) Joint (or) Other. If “Other” is chosen, specify type in space provided.

Name and address of financial institution – Print the name, city, state, and zip code of the bank/financial institution.

Bank Routing/Transit Number – a nine digit number found at the bottom left of your check (see example below).

Account Number – Bank account number (see example below).



**Alternatives to providing Account Information**

In lieu of filling in the Routing and Account numbers, you may include a voided check from your account.

If submitting a starter check, please ensure the following information is printed or written on the starter check: account holder name, account holder complete address, name of financial institution, ACH routing/transit number and account number.

5

**Signature (*eBill or Electronic Payment*)**

For Individual accounts, the Authorized Account Holder must sign.

**Note:** Signing the form is an indication that the account holder(s) has read and understands the Terms and Conditions set forth in Section B below.

The following descriptions explain the signature requirements for each type of ownership arrangement.

**Corporation, partnership, limited partnership** Include the full name of the corporation. Print or type the full name and corporate title of each officer who signs. If the officer is the insured or a family member, we require the signature of another officer who is not related or, if all officers are related, the signature of two officers. If the insured is the only officer, we require either a letter on company stationary to that effect or the insured’s signature with the corporate seal affixed.  
**EXAMPLE** - John Doe, President/Partner/General Partner, ABC Corporation

**Trust\*\*** Those trustees required to sign under the trust agreement. Include the full name of the trust, the date of the trust agreement and the title(s) of the officer(s), if corporate trust, signing. **EXAMPLE** – Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy

**Custodian**

- In all states except South Carolina and Vermont, include the full name of the custodian “as custodian for (*insert name of minor*) under the (*name of state*)’s UTMA.” **EXAMPLE** –Joan Doe as custodian for Alice Doe under the Massachusetts UTMA.
- In South Carolina and Vermont, include the name of the custodian “as custodian for (*insert name of minor*) under the (*name of state*)’s UGMA.” **EXAMPLE** –Joan Doe as custodian for Alice Doe under the Vermont UGMA.

- Executor\*\*** Include the full name of the appointed executor, administrator, or personal representative, as “executor, administrator, or personal representative (*list only one capacity*) for the estate of (*insert name of deceased*), deceased.” If not previously submitted, a copy of the death certificate is required. **EXAMPLE** – Joan Doe, executor for the estate of Sam Doe, deceased.
- Legal Guardian /Conservator\*\*** Include the full name of the legal guardian/conservator, “as guardian/conservator of the estate of (*insert name of person affected*).” **EXAMPLE** – Joan Doe as Guardian/Conservator of the Estate of Sam Doe.
- Attorney-in-Fact\*\* (Power of Attorney)** Include the full name of the attorney-in-fact as “Attorney-in-Fact for (*insert name of person*).” **EXAMPLE** – Joan Doe, Attorney-in-Fact for Sam Doe.
- If the policy is assigned** The owner and assignee must sign. Include the full name of the assignee. If the assignee is a corporation, also include the title(s) of all officer(s) signing. NOTE: If the right being exercised is granted to the assignee, only the assignee’s signature is required.

**\*\* Copies of the legal document that established authority must be submitted with this form unless already on file.**

<b>B</b>	<b>Terms and Conditions</b>
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### Terms

1. By selecting the Electronic Payment (E-Pay) option, the undersigned Account Holder is authorizing Massachusetts Mutual Life Insurance Company and affiliated insurance companies (“Company”) to debit the account provided on this form for the purpose of making premium payments (“Premiums”) on the policies or contracts listed on the [Group Billing Form \(F6748\)](#), and
  - a) any new policy issued by converting term coverage;
  - b) any policy issued by exercising the Guaranteed Insurability Rider or the Insurability Protection Rider/Insurability Protection Agreement;
  - c) any new policy issued when the automatic bank account withdrawal (or Pre-Authorized Check Service) option has been elected in the policy application; and/or
  - d) any new policy added to the group through eBill or by the Plan Administrator.
2. If the E-Pay service is used, no Premium will be considered “paid” until the Company actually receives the funds.
3. The Company shall incur no liability as a result of a withdrawal being dishonored by your bank.
4. If for any reason a draft drawn by the Company is not honored, or the Company is obligated to refund the proceeds of any draft that is honored, the draft shall not constitute a receipt. Nor shall the proceeds be considered a payment for any purpose.
5. It is your responsibility to notify the Company if any of the information provided on this form changes.

### What Happens Next?

Upon approval, a confirmation with your user name will be sent to the billing contact at the physical mailing address on file. An initial password will be sent via email to the Billing Email Address identified on this form.

During the initial log-in to the MassMutual eBill website, the password must be changed. The user will be prompted to change this password every 90 days thereafter.

## C Customer Service Information

Once you have completed and reviewed all necessary information, submit the form via mail or fax using the information below. ***Do not*** use email when submitting this form.

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### Form Submission Mailing Address



MassMutual  
Document Management Hub  
1295 State Street  
Springfield MA 01111-0001

### Check Payment Lockbox Address



MassMutual  
APM Payment Processing Center  
P. O. Box 92485  
Chicago, IL 60675-2485

### MassMutual Customer Service Centers



1-800-272-2216

Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern)



### Internet Service Connection

[www.massmutual.com](http://www.massmutual.com)



### Fax Number

1-866-329-4527