ManhattanLife

Voluntary Benefits
Member Premium Remittance Form

Group Name:_____ Group Number:_____

Member Name:_____ SSN (last 4 only):_____

Contact Phone:_____

To be used for submitting 'catch-up' premium, when going out on a leave of absence or in event of furlough/temporary layoff. Questions? Contact ManhattanLife Customer Care at 1-855-448-6982.

Select the Voluntary Benefit(s) that apply:

Benefit	Premium	Frequency	Policy#(not required)
☐ Accident	_____	_____	_____
☐ Supp Health	_____	_____	_____
☐ Hospital Indemnity	_____	_____	_____
☐ Critical Illness	_____	_____	_____
☐ Cancer	_____	_____	_____
☐ Disability	_____	_____	_____
☐ Employee Life	_____	_____	_____
☐ Spouse Life	_____	_____	_____
☐ Child Life	_____	_____	_____

Check Amount:_____Check #:_____Check Date:_____

Additional comments:_____

Mail check and this form to:
Wells Fargo
Manhattan Life
PO Box 207648
Dallas, TX 75320-4439

IMPORTANT: Please make sure to include the Group# in the comments section of your check in case it is separated from this form