



Registration Form

How to Sign Up

If you are ready to sign up for SIMPLEPAY, complete the following steps:

- 1. Verify your current premium meets the minimum requirement of \$2,500.
- 2. Save this registration form to your device or print a copy.
- 3. Complete the form.
- 4. Submit the completed registration form simplepay@phmic.com, or submit it directly to your agent.

Once your registration has been approved processed, you will receive an email from noreply@smartpayllc.com with further instructions on completing setup.

Program Fees

To participate in the SIMPLEPAY program, you will be charged a **\$50 per year** service fee. This fee will be divided between all of your premium payments, based upon your payroll frequency.

Member Information

Customer Number:				
Member Name:				
Contact Name:				
Phone Number:				
Email Address:*				
*To access SIMPLEPAY, y Compensation policy.	our email address h	ere must match the a	ddress associated with	your Wor







Payroll Information

If your payroll company appears on the <u>Onboarded Payroll Vendor List</u>, your payroll can be uploaded automatically. Otherwise, you will be responsible for self-reporting payroll. If eligible, self-reporters can also sign up for the SmartPay Reporting Service, which carries a \$300 yearly processing fee.

\$300 yearly processing fee.	- '		
Payroll Reporting Method:	I have an onboarded payroll vendor		
	I will self-report	t my payroll	
	I will use the Sr	martPay Reporting	
	Service (addition	onal \$300/year fee)	
Payroll Frequency:	Weekly	Bi-Weekly	
	Monthly	Semi-Monthly	
First date of payroll during y	our policy term:		
If semi-monthly, list the two	dates each month that	payroll is distributed.	
First Payroll Date:			
Second Payroll Date:			
	Payroll Vendor I	nformation	
Payroll Company:			
Phone Number:			
Contact Name:			





Contact Email:	
City:	
State:	

Terms and Disclosures

SIMPLEPAY is a workers' compensation payment plan offered to Pharmacists Mutuals' policyholders with a minimum workers' compensation premium of \$2,500. SIMPLEPAY is administered by SmartPay Solutions on behalf of Pharmacists Mutual. For all new policies, a 10% down payment will be required. All SIMPLEPAY policies will also require an annual \$50 service fee, paid directly to SmartPay.

By selecting SIMPLEPAY, you agree to have your workers' compensation premiums calculated based on the payroll information reported using carrier approved class code(s) and rate(s) for each policy. Your SimplePay account will reflect blended class code rates that have been modified for policy-level premium adjustments, including territory adjustments where applicable. You agree, in consultation with your agent, to assign employees to correct job classifications in order to accurately calculate and process premiums due. SmartPay must be notified of any changes in job classifications, payroll vendor, payroll frequency, or banking information immediately.

By providing your bank information, you are authorizing SmartPay to initiate pre-authorized debit transfers via ACH for the payment of premium to Pharmacists Mutual and related processing fees. ACH payments may take up to five business days to clear and be received by Pharmacists Mutual. Costs charged to SmartPay related to any transaction rejected by your





financial institution will be passed to you. In addition, you will be assessed a \$50 fee for each non-sufficient funds occurrence.

While SIMPLEPAY will streamline the process of the workers' compensation audit and provide a more predictable result, SIMPLEPAY does not replace the use of premium audits or any requirements therefore under any workers' compensation policy. In addition, SmartPay can report your workers' compensation data on your behalf for an additional fee.

By signing below, y	you agree to the terms of the program, specified above.
Signature:	
Date:	

You can submit this completed form directly to your agent or email it to simplepay@phmic.com.