



**LETTER OF AGREEMENT**

Premier One TPA  
3711 Rupp Dr Ste103  
Fort Wayne, IN 46815

On this day \_\_\_\_\_ I agree and understand that Premier One (TPA) will pay my monthly insurance premiums to the insurance carrier on my behalf as long as I am employed with \_\_\_\_\_ and any portion not paid by said employer will be payroll deducted.

I also acknowledge this is my own personal insurance plan and cannot be cancelled or changed by my employer or Premier One.

**Termination**

My health insurance premiums will be paid by Premier One (TPA) as of the effective date of my policy \_\_\_\_\_ and shall remain in effect until I am no longer employed by said employer or no longer eligible to take part in the program.

Upon termination I agree said employer will notify Premier One and I will receive a letter of my current paid through date and steps needed to continue my plan.

Employee Print Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

All information should be submitted to:

Karen Scherrer, Premier One Administrator  
Phone: 260-755-3585 ext. 102  
Fax: 260-444-4212  
Email: Kscherrer@pmgagency.com