

	(Former Employer for Retirees) Contact Us).	608-245-3623	BAC, D B 7308 M W 53704-7308
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Important: A new form must be submitted each year when your policy rate changes (beginning of new plan year or end date) to update your recurring reimbursements with your new rate. Refer to Additional Instructions on page 2.

PARTICIPANT INFORMATION

E (Former Employer for Retirees)			
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BAC ID:	E Ad		
	M B		
Ad (cannot be PO Box)	Ad 1:	Ap	
	Ad 2:		
	City		
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INDIVIDUAL POLICY INFORMATION & REQUEST FOR REIMBURSEMENT

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RECURRING INDIVIDUAL PREMIUM REIMBURSEMENT REQUEST FORM

AUTHORIZATION Section 1

Initial next to each line below to indicate you acknowledge the terms of this recurring premium reimbursement request.

_____| I agree to the terms of this request.
_____| I agree to the terms of this request.
_____| I agree to the terms of this request.
_____| I agree to the terms of this request.

(2) If not

_____| I agree to the terms of this request.
_____| I agree to the terms of this request.

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AUTHORIZATION Section 2