

Assurity®

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# Bill Reconciliation System

A fast and easy way to reconcile bills and review coverage online.



1. View and reconcile your bill
2. Change payor information
3. Pay your bill (new user)
4. Pay your bill (existing user)

# View and reconcile your bill

To log in, you'll receive an email when your bill is ready to be reconciled.

Click on the link inside the email to log in with your **unique User ID** and **Password**.

1. Click **Reconcile** to review and reconcile the current bill  
 (Optional) Click **Upload File** for employers wanting to self-bill and send as a monthly deduction file  
 (Optional) Click **Export** to view or print bill in excel format

**Assurity** Life Insurance Company

Bills | Group Info | Profile | Log Out

**TO BE RECONCILED**

Group	Group ID	Invoice No.	Bill Gen Date	Bill Date	Due Date	Amount Due	Reconciled Amount	Status
3 RIVERS TELEPHONE COOP INC	1100000089	4002546125	01/23/2019	01/31/2019	02/22/2019	\$27,241.98	\$27,241.98	In progress by Tammy Halliwell

Buttons: Upload File, Reconcile, Approve, Export

**RECONCILED** 6/8/19 - 9/6/19

Group	Group ID	Invoice No.	Bill Gen Date	Billed Date	Billed Amount	Reconciled Amount	Total Remitted	Date Reconciled	Download
MAMO TRANSPORTATION	080000035	4002851822	08/08/2019	08/16/2019	\$692.12	\$692.12	\$692.12	08/09/2019	PDF / Excel
MAMO TRANSPORTATION	080000035	4002851822	07/11/2019	07/19/2019	\$346.06	\$346.06	\$346.06	08/09/2019	PDF / Excel
MAMO TRANSPORTATION	080000035	4002831448	06/13/2019	06/21/2019	\$346.06	\$346.06	\$346.06	06/18/2019	PDF / Excel

Bills Page

2. (Optional) Click on the **X icon** to indicate you will not be including a premium and select the **Reason** button to enter an explanation for the different premium
3. After completing reconciliation, click the **Close** button

**Assurity** Life Insurance Company

MAMO TRANSPORTATION (4002900366) | Invoice No: 4002900366

Statement for: 09/13/2019 | Please remit payment by: 10/02/2019 | This bill does not reflect payments received after: 09/05/2019

Filter: [ ] | SHOW ROWS: 10 | [ ] [ ] [ ]

Payor Name	Employee ID	Insured Name	Policy Number	Insurance Type	Benefit Amt	Cov	Payroll Date	Premium Due	Policy Total	Reconciled Amount	Reason
BRANNON, CHRISTIANA N	[ ]	BRANNON, CHRISTIANA N	4750494250	Hospital Indemnity	EE \$150.00	ECH	07/29/2019	\$25.72	\$25.72	[ ] 25.72	
					EE \$150.00	ECH	08/12/2019	\$25.72	\$25.72	[ ] 25.72	
					EE \$150.00	ECH	08/26/2019	\$25.72	\$25.72	[ ] 25.72	
					EE \$150.00	ECH	09/09/2019	\$25.72	\$25.72	[ ] 25.72	
					EE \$150.00	ECH	09/23/2019	\$25.72	\$25.72	[X] 25.72	[ ] Reason
			4750494251	Accident Expense	2 Unit 50K/25K/10K	ECH	07/29/2019	\$10.78	\$10.78	[ ] 10.78	
					2 Unit 50K/25K/10K	ECH	08/12/2019	\$10.78	\$10.78	[ ] 10.78	
					2 Unit 50K/25K/10K	ECH	08/26/2019	\$10.78	\$10.78	[ ] 10.78	
					2 Unit 50K/25K/10K	ECH	09/09/2019	\$10.78	\$10.78	[ ] 10.78	
					2 Unit 50K/25K/10K	ECH	09/23/2019	\$10.78	\$10.78	[X] 10.78	[ ] Reason
<b>GROUP TOTAL DUE:</b>								<b>\$774.67</b>	<b>\$774.67</b>	<b>\$774.67</b>	

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Reconciliation Page

# Change payor information

1. Click on the **employees name** to update payor information

Assurity Life Insurance Company  
MAMO TRANSPORTATION (4002900366) Invoice No: 4002900366

Statement for: 09/13/2019 Please remit payment by: 10/02/2019 This bill does not reflect payments received after: 09/05/2019

Payor Name	Employee ID	Insured Name	Policy Number	Insurance Type	Benefit Amt	Cov	Paid to Date	Premium Due	Reconciled Amount	Reason
BRANNON, CHRISTIANA N		BRANNON, CHRISTIANA N	5050828408	Accident Expense		ECH	08/18/2019	\$21.33	21.33	
						ECH	09/01/2019	\$21.33	21.33	x
			4750494252	Critical Illness	EE \$50,000.00	ECH	08/27/2019	\$14.85	14.85	

Reconciliation Page

2. Provide Assurity with updated information and/or request the forms needed for a variety of situations (e.g. Name and Address Change)

Assurity Life Insurance Company

Statement for: 09/13/2019 Please remit payment by: 10/02/2019

Change to Payor Information

Reason for Change

- Name and Address Change
- Adding a Child
- Removing a Child
- Adding a Spouse
- Removing a Spouse
- Adding Benefit
- Removing Benefit
- Beneficiary Change
- Death
- Duplicate Policy
- Other-Explain

Payor Information Portal

3. Click **Save change**

Assurity Life Insurance Company

Statement for: 09/13/2019 Please remit payment by: 10/02/2019

Change to Payor Information

Reason for Change: Name and Address Change

Name: Jane Smith

Address 1: 12345 Lakeview Lane

Address 2:

Address 3:

City: Lincoln

State: NE

Zip: 68508

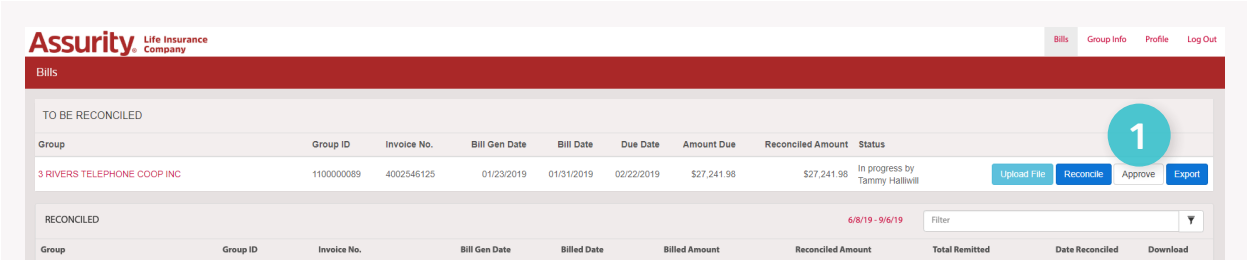
Notes:

Cancel Save change

Payor Information Portal

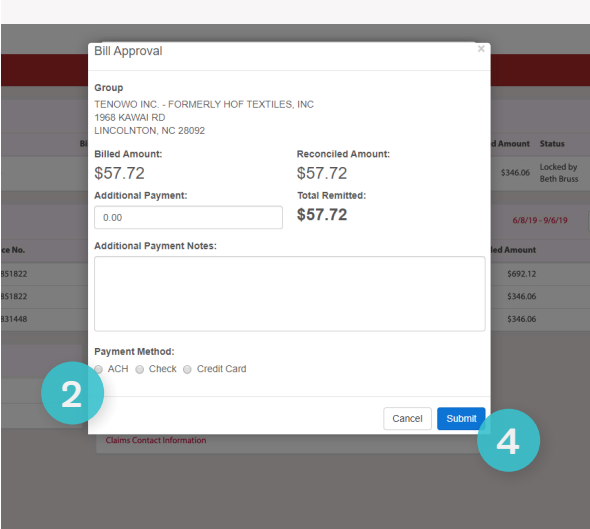
# Pay your bill (new user)

1. Click **Approve** to pay the current bill

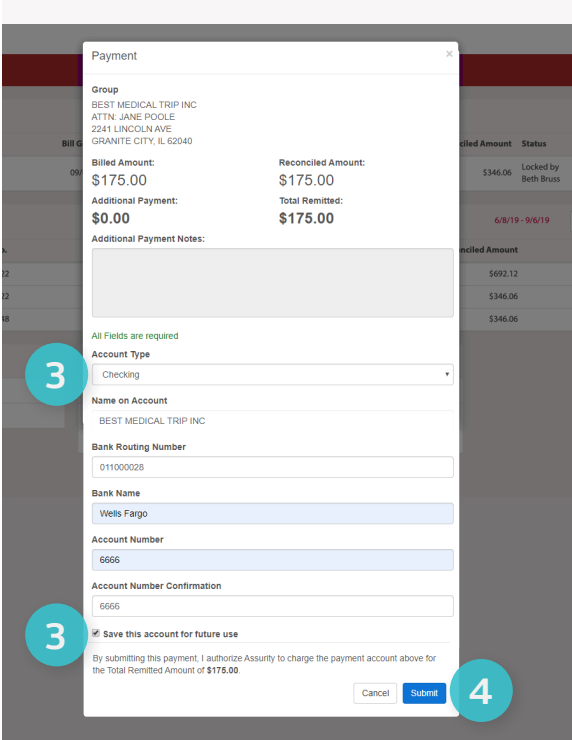


Bills Page

2. Review bill information and select **Payment Method**
3. If paying via **ACH** or **Credit Card**, fill in payment information form that will appear and select **Save this account** for future use. If paying by check select **Check**
4. Click **Submit**



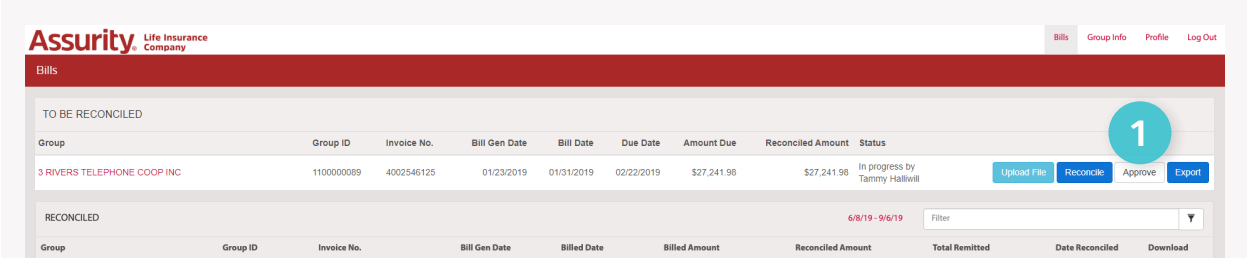
New User Payment Portal



New User Payment Portal

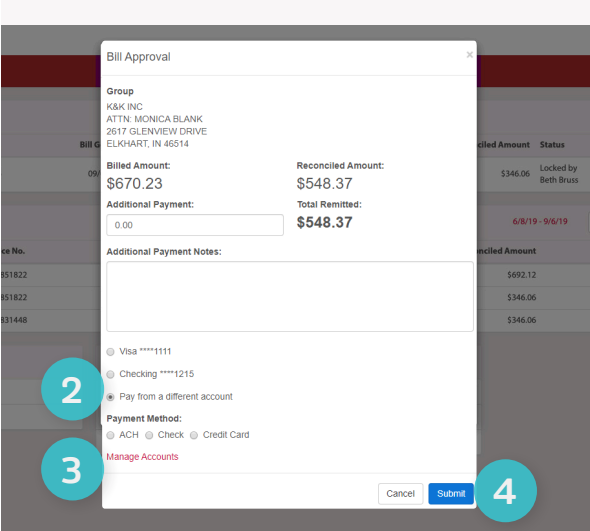
# Pay your bill (existing ACH/Credit Card user)

1. Click **Approve** to pay the current bill

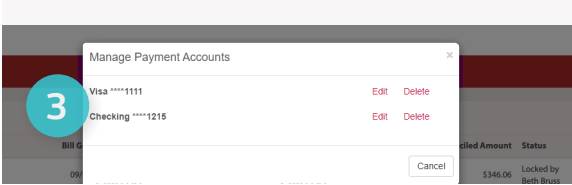


Bills Page

2. Review bill information and select **Payment Method**
3. (Optional) Click **Manage Accounts** to change or update payment info
4. Click **Submit**



Existing User Payment Portal



Manage Accounts Portal



**If you have questions about using Assurity’s Bill Reconciliation System, contact us at 888-707-3987, Ext. 4210 or esselectronicbills@assurity.com.**

NOT AVAILABLE IN NEW YORK.

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