



**SELECTIVE®**

**FOR PAYSYNC<sup>SM</sup> CPP: \*Selective Insurance Automatic Clearance House  
Direct Debit Authorization**

\* Selective Insurance collectively refers to Selective Insurance Company of America and its insurance related subsidiaries.

I hereby authorize Selective Insurance to initiate debit or credit entries to my checking or savings account indicated below in an amount equal to my invoiced amounts for insurance premiums. I authorize the below-named financial institution to process said entries. This authorization will remain in full force and effect until I send written notification to Selective Insurance of its termination in such a manner as to afford Selective Insurance and the financial institution a reasonable opportunity to act on it.

Insured Name: \_\_\_\_\_

Policy (ies) #: \_\_\_\_\_

Insured email: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address or branch: \_\_\_\_\_

Transit/ABA number: \_\_\_\_\_

Account number: \_\_\_\_\_

Checking Account       Savings Account

Payroll Processor Name: \_\_\_\_\_

Payroll Frequency:       Weekly      (52 pay periods/Yr.)  
                                   Bi-weekly      (26 pay periods/Yr.)  
                                   Semi-monthly      (24 pay periods/Yr.)  
                                   Monthly      (12 pay periods/Yr.)

**Agreed and Accepted:**

\_\_\_\_\_  
Account Owner Name

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Selective Insurance Company of America

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Selective Insurance Company of America**  
and its insurance related subsidiaries (hereinafter "SICA")

**PaySync® WC Program Agreement**

Client would like to participate in Selective Insurance Company of America's PaySync® workers' compensation payment plan. Client acknowledges that it will purchase its workers' compensation insurance from SICA. Client is voluntarily electing to pay its workers' compensation policy premium based upon periodic premium costs (hereinafter "PPC") calculated from Client's payroll. In exchange for more favorable payment terms, Client agrees to the following:

Client acknowledges that this agreement and any other authorization documents required by SICA, for implementation of its PaySync® service must be returned to SICA via First Class Mail or by facsimile to the phone number indicated on the PaySync authorization form, no later than fourteen (14) days prior to the effective date upon which this program shall commence.

SICA will calculate as accurately as possible, the PPC of Client's workers' compensation policy, based upon payroll and other information supplied by Client. Client agrees to provide SICA with all information required for calculation of Client's workers' compensation premiums by self-reporting the payroll data or through use of a third party payroll processor (hereinafter "payroll processor") acting on Client's behalf. Client acknowledges that it is responsible for the accuracy of all information provided to SICA, whether submitted directly or through a payroll processor. Clients electing the self-reporting method shall forward the required information by submitting a password protected Excel® file via email. The PaySync® Help Desk will provide Client with the applicable email address during the initial program set up.

Client or an authorized payroll processor acting on Client's behalf shall provide payroll data no later than the pay date. SICA will generally process ACH Transfers within three (3) business days after receipt of the payroll information. SICA will notify Client and/or the payroll processor acting on Client's behalf, if any, of the amount to be debited. Client's notification will be sent by email to the Direct Debit Notification Email Address. Client acknowledges that if the payroll information is not submitted in a timely manner, that SICA may be unable to calculate Client's current PPC. In that event, Client agrees that SICA may assume that Client's payroll for the immediately upcoming payroll cycle is the same as the payroll last reported to SICA for the most recently completed payroll cycle. Client further agrees that SICA may process its current premium based upon Client's prior payroll information. However, Client agrees that SICA is not required to calculate Client's premium based upon prior payroll information submitted. Client acknowledges that in the event it or the payroll processor acting on Client's behalf fails to supply SICA with all necessary information required to complete premium calculations, SICA may at its sole discretion, accelerate Client's premium balance making all unpaid premiums due immediately.

Client authorizes SICA to initiate recurring debit or credit entries (hereinafter "ACH Transfers") to/from the bank account of Client as indicated and named at the end of this agreement. Client acknowledges that the amount of ACH Transfers may vary, depending upon applicable rate(s), employee classification Code(s) and other relevant underwriting information reported to SICA during the payroll cycle process. Client further acknowledges that all ACH Transfers are subject to, and must comply with, U.S. law and the rules established by the National Automated Clearinghouse Associates (NACHA) governing electronic transfer payments. Client agrees that it will promptly comply with any change of rules or procedures that the NACHA may institute, to ensure that any ACH Transfers under this agreement are not interrupted.

Client agrees that it shall maintain funds in the bank account specified herein, in excess of any debit amount to be applied through SICA ACH Transfers. In the event that Client fails to maintain funds sufficient to cover SICA ACH Transfers, then SICA may elect to do one or more of the following: (1) re-initiate the ACH Transfers; (2) declare the entire remaining unpaid premium balance due and payable immediately; or (3) terminate insurance coverage in accordance with policy provisions and applicable state law. Client agrees that SICA is not obligated to use ACH Transfers as its only method of collecting premium due. Client specifically agrees that SICA may issue invoices on a direct bill basis or agency bill basis and that SICA may receive payment through ACH Transfers, wire transfers, cashier's check or via agency payments resulting from agency bill invoices.

Client agrees to notify SICA immediately of any change in its banking information, account information or changes to its ACH notification information provided on the ACH Authorization attached hereto, which might affect SICA's ability to process ACH Transfers. Client agrees that it will provide SICA with all updated banking information, along with any required authorizations, to allow SICA to process ACH Transfers as set forth in this agreement. Client recognizes that that the updated banking information must be provided to SICA with sufficient lead-time, so as to allow SICA to incorporate the information in into the ACH Transfers process. Client agrees that in the event that SICA advises that it can not incorporate the new information or complete new authorizations in sufficient time to issue ACH Transfers to the new bank, then SICA shall have the right to issue a direct bill invoice or agency bill invoice to the Client demanding payment for any outstanding premium. In that event, Client shall pay the premium due to SICA within five (5) business days. Client shall have the right to pay by wire transfer, cahiers check or through an agency payment.

If Client elects to use a payroll processor to submit its payroll to SICA, then Client shall provide authorizations allowing SICA to obtain Client's payroll information from the payroll processor. Client shall also execute any and all authorizations required by the payroll processor, if any, for the release of Client's payroll information to SICA. If during the course of the PaySync® program Client's relationship with the payroll processor should end for any reason, then Client must immediately notify SICA. SICA may, at its sole discretion, do any or all of the following: (1) accelerate any unpaid balance, making it due and payable immediately; (2) assume that Client's payroll for the immediately upcoming payroll cycle is the same as the payroll last reported to SICA for the most recently completed payroll cycle and process the current premium based upon Client's prior payroll information; (3) initiate cancellation of the policy in accordance with the policy provisions and applicable state law; (4) elect to continue to operate under this agreement, directly with Client, for the duration of the policy term; (5) issue invoices on a direct bill basis or agency bill basis and elect to receive payment through ACH Transfers, wire transfers, cashier's check or via agency payments resulting from agency bill invoices.

Client acknowledges and agrees that its obligations under this agreement shall be binding and that its use of a payroll processor in performing under this agreement shall not relieve Client of its obligations and responsibilities hereunder.

Client understands that the workers' compensation policy is subject to audit, as provided by the terms and condition set forth in the policy and that there may be adjustments in the form of return premiums or additional premiums due. Client agrees that if it elects self-reporting, Client shall provide SICA its Employer's Federal Tax Return Form 941 or any other tax reporting information requested by SICA, on a quarterly basis or as otherwise requested. If Client elects to use a payroll processor to submit payroll data, then Client shall authorize and direct said payroll processor to submit to SICA the Employer's Federal Tax Return Form 941 or any other tax reporting information requested by SICA, on a quarterly basis or as otherwise requested. In the event that an audit results in additional premium due, Client is fully responsible for all premiums owed, as determined by the audit. If Client intends to cancel its policy mid-term, Client must comply with all terms and conditions as set forth in the policy. Client acknowledges that SICA shall have the right to perform a final audit pursuant to the policy terms and that additional premium may be due. Accordingly, Client agrees to maintain all bank accounts established pursuant to this agreement, with funds sufficient to fulfill any outstanding premium obligations of Client. Client specifically acknowledges and agrees that if the final premium is more than that collected by SICA, Client must pay the balance. In the case of additional premium due, Client agrees that SICA is not obligated to utilize ACH Transfers as its only method of collecting premium due. Client agrees that SICA may instead issue invoices on a direct bill basis or Agency bill basis and receive premium payment through ACH Transfer, wire transfer, cashier's check, or via agency payments resulting from agency bill invoices. If the final premium is less than what Client paid, SICA will refund the balance to Client. SICA will not pay interest on any return premium.

Client agrees to indemnify, defend, and hold SICA harmless against any and all claims, losses, damages, or expenses and to pay SICA for all costs, losses, damages, or expenses incurred, including, but not limited to, reasonable attorneys' fees, in-house counsel fees, and ACH Transfer re-issuance charges arising from this agreement. SICA shall only be liable for its own negligence and not the negligence or deliberate act of any other person or entity, including, but not limited to, Client and its employees or agents which provide services in connection with this agreement, including SICA's deduction of PPC from your account. SICA's sole liability and Client's sole remedy for SICA's failure to properly deduct the PPC shall be SICA's correction of any error, if reasonably possible, which may have prevented SICA from properly deducting the premium from Client's account. SICA shall, under no circumstances, be liable for any special, indirect, incidental, or consequential damages which Client may incur as a result of SICA's failure to fulfill any term or condition of this program, even if Client has been advised of the possibility of such damages.

This Agreement shall be perpetual in nature, but may be terminated by either party by the rendering of not less than 60 days written notice. Said termination shall not alter in any way the continued application of this Agreement to insurance policies effected prior to the date of such termination. In the event that either party fails to fulfill responsibilities agreed to in this contract, the other party will have the right to terminate this Agreement immediately.

# Policyholder Program Agreement for Workers Compensation

All fields are required for enrollment

## Your Company

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Inception Date: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

E-mail Address for Direct Debit Notification: \_\_\_\_\_

## Banking Information

Bank Name: \_\_\_\_\_

ABA Bank Location – City/State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

## Who processes your payroll? (Select one)

National Payroll provider

Accountant / CPA

Self (Must be using an online program or accountant/CPA for taxes)

Local payroll provider

## Who will email your payroll information to Selective each pay cycle?

### Payroll Processor *(Cannot be a national payroll provider)*

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Affiliation to insured: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Upon completion, please return to the PaySync® Help Desk by fax 973-948-1913

**How often do you pay your employees?**

- |   |  |
|---|--|
| <input type="checkbox"/> Weekly (52 pay periods/Yr.)    | <input type="checkbox"/> Semi-monthly (24 pay periods/Yr.) |
| <input type="checkbox"/> Bi-weekly (26 pay periods/Yr.) | <input type="checkbox"/> Monthly (12 pay periods/Yr.)      |

**Have you discussed the program with your payroll processor yet?**

- Yes                       No

If No, please discuss the program with the payroll processor prior to submitting this agreement. PaySync® representative will contact the payroll processor by email and phone for set up.

**Are you enrolling in PaySync CPP?**

- Yes                       No

If Yes, please complete the PaySync® CPP agreement. (Available in specific states)

I hereby agree to all of the terms and conditions of this Agreement and all of the terms and conditions of premium payment contained in the policy. In addition, I hereby authorize my Payroll Processor, to release all information relating to my payroll records to SICA, so that my Periodic Premium Costs for my Workers' Compensation premium can be calculated.

Authorized Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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**To be completed by agent:**

Agent Name: \_\_\_\_\_

Account Executive Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Upon completion, please return to the PaySync® Help Desk by fax 973-948-1913