

Employer Group must complete the following Partial Payment Designation and return to Allied Administrators noting which coverage will be paid first in the event Employer Group submits a partial premium payment. Employer Group may change the priority preference for partial payment allocation by completing a new Partial Payment Designation and returning to Allied Administrators

Partial Payment Designation

Employer Group # _____

Group Name: _____

Please indicate preference of partial payment priority by noting a "1" for the coverage payment to be applied first, "2" for the coverage payment to be applied second.

Delta Dental

Delta Vision

**Partial payments cannot be applied without an indicated preference on file.
If less than the full amount is remitted and you have not returned this completed form the full payment will be returned.**

Group Plan Administrator Name (please print): _____

Group Plan Administrator Signature: _____

Date: _____

**Return to: Allied Administrators, 501 14th Street Ste 200 Oakland CA 94612
Email: underwriting@alliedadministrators.com**