



## Paper Invoice Suppression & Online Billing Access Election Form

Please indicate your preference below:

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**I do not wish to receive a paper copy of our monthly invoice.**

Please provide access to the online portal so I can download it.

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**I want to continue receiving a paper copy of our monthly invoice but**  
would also like to request access to the online portal to download it.

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Customer number (on invoice)

Employer

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Employer address

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Email address for login information (*print legibly*)

Name of employer contact

Signing this form indicates the signer has the authority to receive all benefits-enrolled employees' information including premiums, salaries, and personal information (i.e. DOB, SSN, etc.) and will contact Covenant Benefits billing office if this authority is revoked or released.

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Employee signature

Date

*Please contact our billing office if you have any questions at (855) 908-9465.*

**The Evangelical Covenant Church**