

Paying Dental and Vision Premium



We offer four ways to pay your premium

Electronic Funds Transfer (EFT)

Complete the [EFT Form](#), attach a voided check and send both to the address listed on the form.

We'll notify you when setup is complete, usually 10-15 business days after we receive your form.

Your initial draft will include the total amount due, including unpaid premium from previous billing cycles. If you elected paperless bills, you'll initiate the draft each month by logging into [eServices](#) and selecting the Pay Bill link. We'll send you confirmation upon our receipt. You can view details on eServices the following morning.

If you receive paper bills, the EFT will draft the premium due from your account at the same time each month. We'll mail you a bill showing the amount drafted. You can also view payments by logging into [eServices](#).

Online Payments

You can make online payments through the employer portal. Online payments are not automatic, so you will need to log in and submit each payment manually. Premium submitted online must be made using a checking account.

Due Dates

Premium payments are due by the first day of the coverage period, typically a calendar month. If we haven't received payment by the last day of the grace period listed in your policy, coverage and claims processing may be pended or terminated.

Policy Number

Please include your policy number on all checks and correspondence.

Need Assistance?

We're here to help. Please email adminserv@employeebenefitservice.com or [Contact Us](#) if you need assistance with your billing or premium payments.

Automated Clearing House (ACH)

You can remit payment to us electronically each month. Please make sure your policy number is included.

ABA/Routing Number: 121000248

Account Number: 4121-618-441

Bank Name: Wells Fargo

Bank Address: Omaha, NE

If the amount you send is different from what we billed, and/or you have more than one division, please email us an explanation of how you arrived at your payment so we can reconcile your account prior to your next payment due date (email address listed below).

Payment by Check

Return the first or last page of your bill and send it with a check to:

The Standard Life Insurance Company of New York
Group Administration
PO Box 650804
Dallas, TX 75265-0804

Please provide an explanation of how you arrived at your payment if you make any adjustments.

The Standard Life Insurance Company of New York | 445 Hamilton Avenue, 11th floor, White Plains, New York 10601 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products in New York are offered by, and the sole responsibility of, The Standard Life Insurance Company of New York of White Plains, New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.