Direct Bill Insured Billing Portal Screen Review

Enhanced Insured Portal



September 27, 2019



Direct Bill insured will access via cna.com or directly through billing.cna.com Initial roll out on 9/30 will allow users to CONTINUE AS GUEST. Agents will be redirected to CNA Central.

| UUestions (877)-276-7507 M-F7am-7pm Central Time |
|--|
| Get Started Choose Continue as Guest to go to the homepage to make a payment or sign up for Auto Pay to set up automatic payments for your account. What you will need to Get Started • CNA Account Number or Policy Number • Billing Zip Code • Bank Account or Credit Card Information • Email Address CONTINUE AS GUEST or Click here |
| |



After selecting CONTINUE AS GUEST, users will land on the Account Look Up screen

| CNA DIRECT BILLING PORTAL | Questions (877)-276-7507 M-F 7am-7pm Central Time |
|---|---|
| SAVE TIME & SIGN UP FOR AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a payment again. | Account Look Up To get started, choose your preferred search method. |
| Wa'll email you every time a payment is made and we'll never charge you more that what's due | Account Number Policy Number |
| Optious at any offer | Where is it? ⑦ Enter Account Number |
| | Where is it? ⑦ Enter Billing Zip Code |
| | I'm not a robot |
| | SUBMIT |



After entering a CNA account number or policy number, along with the billing zip code, "reCaptcha" (I am not a robot) will be required to be successfully completed in order to move to the next screen





Once "reCaptcha" has been completed, the user will be taken to the Account Summary screen. The Left Panel will display Account Name, Account Number and Current Account Balance.

Overview section will display current amount due (if any) and Auto Pay Status.

Quick Navigation buttons will show four options, depending on Auto Pay status:Pay NowEnroll in Auto PayFAQsHelp

There are now four ways for an insured to pay their bill. Option 1: One Time Credit Card Payment (Small Business Only)

| CNA DIRECT BILLING PORTAL | | Questions (877)-276-7507 |
|---|--|--|
| YOUR ACCOUNT SUMMARY Account Name : ANTIQUE ALLEY Account Number : 3027801187 Total Account Balance : \$57.00 | OVERMEW Amount Due: None OFF Click have to Exrol CUICK NAMIGATION CUICK NAMIGATION Security Facts F | |
| By visiting our web site, you accept the terms and conditions as described in our <u>Terms of Use.</u> | | Privacy Statement Conflict of Interest Licensing Disclosurel General Disclaimed Privacy Policy www.cna.com |



Step 1: When the user selects Pay Now, they will be taken to the Billing Information screen – what do you want to pay?

There are three ways to pay:

Current amount due (if above any)

Account Balance

Other Amount

NOTE:

If in a DNOC status, minimum amount to reinstate will be required

If in a cancelled status, online payment will be disabled and message to contact CCC will display

An email address is required to move to next screen.

| YOUR ACCOUNT SUMMARY | | 1 Billing Information > 2 Payment I | Details > 3 Review Payment > | 4 Payment Status | | |
|-------------------------|---------------|-------------------------------------|--------------------------------------|-------------------------|------|--|
| Account Name : | ANTIQUE ALLEY | BILLING INFORMATION | | | | |
| Account Number : | 3027801187 | What would you like to pay? | | | | |
| Total Account Balance : | \$57.00 | | • | ۲ | | |
| 😤 Back to ho | me | Invoice Amount Due \$0.00 | Total Account Balance \$57.00 | Other Amount \$30.00 | | |
| | | | | | | |
| | | Enter the email address where you'c | l like to receive your confirmation. | | | |
| | | Email Address | Но | w will it be used? | | |
| | | nancy.somerville@cna.com | | | | |
| | | | | | | |
| | | | | | NEXT | |
| | | | | | | |



Step 2: User selects Next and is taken to the Payment Details screen – how do you want to pay?

All customers will be offered ACH payment. Small Business customers will also see Credit Card option

Credit Card payments are always processed same day.

The screen shot below shows Small Business paying by credit card.

| count Name : | ANTIQUE ALLEY | PAYMENT DETAILS | | | |
|------------------------|---------------|--|--|------------------------|-----------------------------|
| ccount Number : | 3027801187 | CNA has instituted a fraud control limit | t. Payments between \$10.00 and \$5,000.00 can b | e made by credit card. | |
| otal Account Balance : | \$57.00 | Crec | lit Card 💿 | | count |
| 😭 Back to | home | Name on Card | Nancy Kellpsh | | |
| | | Credit Card Number | •••••8400 | | |
| | | Expiration Date | 08 👻 2021 👻 | Credit Card Zip Code | 46350 |
| | | Security Code | 934 | | |
| | | VISA () Ally | | | Powered by ALIASWIRE |
| | | BACK | | | NEXT |
| | | Unin | | | NEXT |



Option 1 One Time Payme<u>nt CC</u> Option 2 luto Pay CC Option 4 Auto Pay AC

Step 2a: Electronic signature authorization is required to move to the next screen. The box must be checked marked before choosing ACCEPT.





Option 3

Step 3: After selecting, ACCEPT, the user is taken to the Review Payment screen.

If any information requires changing, the user can select the BACK button to revise.

| account Name : | ANTIQUE ALLEY | REVIEW PAYMENT | | |
|------------------------|---------------|--|---|------|
| account Number : | 3027801187 | Please review and confirm your payment d | letails | |
| otal Account Balance : | \$57.00 | Payment Amount: \$30.00 | Name on Card: Nancy Kellpsh | |
| | | Payment Date: Sep 17, 2019 | Payment Method: Credit Card | |
| 😭 Back to h | home | | Credit Card Type: 🌔 MasterCard | |
| | | | Credit Card Number: **** 8400 | |
| | | | Email Address: nancy.somerville@cna.com | |
| | | | Expiration Date: 08/2021 | |
| | | | Credit Card Zip Code: 46350 | |
| | | | | |
| | | | | |
| | | | | |
| | | BACK | | NEXT |
| | | | | |



| Option 1 | Option 2 | Option 3 | Option 4 |
|---------------------|-------------|--------------|--------------|
| One Time Payment CC | Auto Pay CC | One Time ACH | Auto Pay ACH |

Step 4: When the user selects NEXT, they will be taken to the Payment Status screen. They will be given the option to sign up for Auto Pay.

Select PRINT for a hardcopy receipt.

The user will receive an email confirmation from Aliaswire to email address provided.

| Account Name : ANTQUE ALLEY Account Number : 3027801187 Total Account Balance : \$57.00 | YOUR ACCOUNT SUMMARY | | Billing Information 2 Payment Details 3 Review Payment | > 3 Payment Status |
|--|---|-----------------------|---|---|
| Account Number : 3027801187 Total Account Balance : \$57.00 Back to home Vu payment has successfully processed. It can take 2-3 business days to appear on your account. You will receive a confirmation of this transaction at the email address provided. SAVE TIME AND SIGN UP FOR AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a payment smade, and we'll never charge you more than payment smade, and we'll never charge you more than never charge yo | Account Name : | ANTIQUE ALLEY | PAYMENT STATUS | |
| You payment has successfully processed. It can take 2-3 business days to appear on your account. You will receive a confirmation of this transaction at the email address provided. Reference Number: B192608819203 SAVE TIME AND SIGN UP FOR AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll newer miss a payment sin ade, and we'll newer shareg you more than watch din the transaction at the email address provided. Reference Number: B192608819203 We'll email you every time a payment sin ade, and we'll newer shareg you more than watch din Image: Sign UP FOR AUTO PAY SIGN UP FOR AUTO PAY Image: Sign UP FOR AUTO PAY Credit Card Number: ****8400 Email Address: nance, somerville@cna.com NEED HELP? Contact the CNA Customer Care Center at (877) 276-7507 | Account Number : Fotal Account Balance : | 3027801187 \$57.00 | | PAYMENT INFORMATION |
| SAVE TIME AND SIGN UP FOR AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a payment again. We'll email you every time a payment is made, and we'll never charge you more than whor'd never thange you more than whor the never thange you more than whore the than than the never thange you more than whore the thange you more than than the never thange you more than than the never thange you more than than the never thange you more than the never thange you more than than the never thange you more than the never than the never than the never than the never | A Back to home | | You payment has successfully processed. It can take 2-3 business days to appear on your account. You will receive a confirmation of this transaction at the email address provided. | Reference Number: B192608819203 Payment Date: Sep 17, 2019 |
| We'll email you every time a payment is made, and we'll enail you every time a payment is made, and we'll enail you every time a payment is made, and we'll enail you more than scon UP FOR AUTO PAY Contact the CNA Customer Care Center at (877) 276-7507 | | | SAVE TIME AND SKIN UP FOR AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a | Credit Card Type: MasterCard Credit Card Number: ****8400 Email Address: nancy.somerville@cna.com |
| Miles source M-F 7am-7pm Central Time or Email CNA_help@cna.com | | | We'll email you every time a | NEED HELP? |



Option 2: Enroll in Auto Pay with Credit Card Payment (Small Business Only)

An email address is required.

| CNA DIRECT BILLING PORTAL | | | Question M+7am-7pr | s (877)-276-7507 (|
|---|--------------------------------|--|---|--------------------------------------|
| | | | | |
| YOUR ACCOUNT SUMMARY | | Ai | uto Pay | |
| Account Namber : HAYS & | ASSOCIATES, INC. 8000972208 | С |)FF | |
| Total Account Balance : | ŞU.UU | Projected Next Payment Date: Jul 20, 2019 | Projected Next Payment Due: \$0.00 | |
| | | Email Address How will it be used? Email Address How will it be used? nancy.somerville@cna.com Email for Auto Pay Edit Auto Pay Details Withdraw from Auto Pay | BENEFITS OF AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a payment again. Auto Pay saves you money – No more stamps or trips to post office. Once you setup Auto Pay, you will free up the time you spend paying your invoice and tracking nament due dates. | |
| | | | paging you innoce and aboung payment doe deep. | |
| By visiting our web site, you accept the terms and conditions as described in our | Terms of Use. | | Privacy Statementl Conflict of Interest Licensing Disclosure General Dis | claimer Privacy Policy www.cna.com |





Step 1: Enter Credit Card details

| CNA DIRECT | BILLING PORTAL | | | | | Questions (877)-276-7507 Contai Time |
|-------------------------------|--|-----------------------------|--|--|--|---|
| | YOUR ACCOUNT SUMMARY | | 1 Auto Pay Payment Datails > 2 | Roview Auto Pay Dotails 🖒 🐧 Au | ntopay Status | |
| | Account Name : HAY | S & ASSOCIATES, INC. | AUTO PAY PAYMENT D | ETAILS | | |
| | Account Number : | 8000972208 | CNA has instituted a fraud control lit | mit. Payments between \$10.00 and \$5,000.00 c | an be made by credit card. | |
| | Total Account Balance : | \$0.00 | C | redit Card | Bank Account | |
| | Reack to ho | me | Name on Card Credit Card Number Expiration Date Security Code | Nancy Kellpsh •••••••••••••••••••••••••••••••••••• | Credit Card Zip Code 46350 Powered by ALABOART | |
| By visiting our web site, you | accept the terms and conditions as described i | in our <u>Terms of Use.</u> | | | Privacy Statement Conflict of Interest Licensing Dis | courel General Disclaimed Privacy Policyl www.cna.com |





Step 1a: Electronic signature authorization is required to move to the next screen. The box must be checked marked before selecting ACCEPT.

| CNA DIRECT BILLING PORTAL | | Questions (877)-276-7507 |
|---|--|--|
| | | |
| YOUR ACCOUNT SUMMARY | Electronic Signature Authorization | |
| Account Name : HAYS & ASSOCIATES, INC. | CNA ONLINE CARD PAYMENT AUTHORIZATION | |
| Account Number : 8000972208 Total Account Balance : \$0.00 | On behalf of <name> referred to as "Insured", I authorize Continental Casualty Company and its affiliates and subsidiaries ("CNA") to initiate a recurring charge to the Insured's card in the amount and on the schedule specified in Insured's installment plan or renewal statement for the policy(ies) issued by CNA. I certify that I have</name> | |
| Reack to home | the authority to make this authorization on behalf of the Insured. I certify that the origin of all transactions to my card account will comply with the provisions of U.S. law. I understand that I can call the CNA Customer Support Center up to four business days before the due date shown on the Insured's statement to report a discrepancy or make a change. | |
| | I agree that this authorization to charge the Insured's card provided in CNA's electronic payment system in no way affects the terms of the policy, other than the mode of payment, and that the terms and conditions of the Direct Bill Program outlined on the back of my statement will continue to apply. I understand that if (i) the payment to CNA from the card provider is charged back to CNA, so that CNA is not able to retain the payment made on the designated charge date and (ii) the premium is not paid when due, then the policy or policies may | |
| | ☑ I hereby acknow/edge and accept the terms and conditions that are referred above | |
| | DECLINE | |
| | | |
| | | |
| By visiting our web site, you accept the terms and conditions as described in our <u>Terms of Use</u> , | Phiso: Statement) Conflict of Interest Licensing Disclo | surel <u>General Disclaimer</u> Privacy Policyl <u>www.cna.com</u> |

Option 4

Auto Pay ACH



Step 2: After selecting, ACCEPT, the user is taken to the Review Auto Pay screen.

If any information requires changing, the user can select the BACK button to revise.



Option 4



Step 3: When the user selects NEXT, they will be taken to the Auto Pay Status screen.

Select PRINT for a hardcopy receipt.

The user will receive an email confirmation from Direct Bill to email address provided.





Option 3: One Time ACH Payment

Below is a screen shot that shows this insured not on Auto Pay, and making a payment by ACH.

| | NG PORTAL | | | Questions (877)-276-7507 |
|---|----------------------------------|----------------------------|---|--------------------------|
| | | | | |
| YOUR ACCOUNT SUMMARY | | OVERVIEW | | |
| Account Name : Medical Group Association-Air Account Number : | o Management ab 0129895942 | Amount Due: None | Auto Pay OFF Click here to Enroll | |
| Total Account Balance : | \$30.00 | QUICK NAVIGATION | | |
| | | PAY NOW ENROLL AUTO PAY | FAQ'S HELP | |
| | | | | |



Step 1: If the user selects PAY NOW, they will be taken to the Billing Information screen – what do you want to pay?

There are three choices:

Current amount due (if above any)

Account Balance Other

If in a DNOC status, minimum amount to reinstate will be required. If in a cancelled status, online payment will be disabled and message to contact CCC will display.

An email address is required to move to next screen.

| Association-Alab | lanagement | BILLING INFORMATION | | | |
|-----------------------|------------|------------------------------------|--|--------------------|----|
| ccount Number : | 0129895942 | What would you like to pay? | | | |
| tal Account Balance : | \$30.00 | 0 | 0 | ۲ | |
| | | Invoice Amount Due | Total Account Balance | Other Amount | |
| R Back to ho | me | \$0.00 | \$30.00 | \$20.00 | |
| | | Enter the email address where you' | 'd like to receive your confirmation. How | r will it be used? | |
| | | | | | |
| | | nancy.somerville@cna.com | | | |
| | | nancy.somerville@cna.com | | | |
| | | nancy.somerville@cna.com | | NE | хт |



Step 2: The user selects **NEXT** and is taken to the Payment Details screen – how do you want to pay?

ACH details shown in the screen shot below:

Bank account number must be entered twice for confirmation.

ACH payments can be scheduled 90 days in advance.

| YOUR ACCOUNT | SUMMARY | | Billing Informa | tion > 2 Payment Details > | 3 Review Payment | > O Payment Status | - |
|--------------------|--|------------|-----------------|---|------------------|--------------------|---|
| Account Name : | Medical Group Manage Association-Alab | ement | PAYMEN | T DETAILS | | | |
| Account Number : | | 0129895942 | Bank | account details can be used for all payment am | ounts. | | |
| Total Account Bala | ance : | \$30.00 | | | | Bank Account | |
| | | | | Bank Routing Number | 071921891 | | |
| | Back to home | | | Bank Account Number | ••••• | | |
| | | | | Confirmation Bank Account Number | ••••• | | |
| | | | | Routing Number 9-digit number Account Number 4-17 digits | 012301234 | S210000424 | |
| | | | Wh | en would you like to pay? 2019/09/17 September 2019 AC S M J W J | > | NEXT | |



Step 2a: Electronic signature authorization is required to move to the next screen. The box must be checked marked before choosing ACCEPT.

| Account Name : Medical Group Management Association-Alab | | CNA ONLINE ACH PAYMENT AUTHORIZATION User Confirmation Disclaimer |
|---|-----------------------|---|
| Account Number : Total Account Balance : Reack to I | 0129895942 \$30.00 | By selecting "Accept" you are confirming that you are the Insured or the duly authorized representative of the Insured for the purposes of making an online payment. You are also agreeing to receive, when available, electronic notifications or statements showing the upcoming automatic withdrawals to the valid email address that you have provided. You agree and consent that the use of a key pad, mouse or other device to select an item, button, icon or similar act/action ("e-sign") while using any electronic service we offer; or in accessing or making any transactions regarding any agreement, acknowledgement, consent, terms, disclosures or conditions, constitutes your signature, acceptance, and agreement as if actually signed by you in writing. You agree and understand that your e-signature executed in conjunction with the electronic submission of each document shall be legally binding and such transaction shall be considered authorized by you. Any e-signed document shall be deemed to have been "signed" and will constitute an "original" document when printed and used in the normal course |
| | | I hereby acknowledge and accept the terms and conditions that are referred above DECLINE ACCEPT |



Step 3: After selecting, ACCEPT, the user is taken to the Review Payment screen.

If any information requires changing, the user can select the BACK button to revise.





Step 4: When the user selects NEXT, they will be taken to the Payment Status screen. They will be given the option to sign up for Auto Pay.

Select PRINT for a hardcopy receipt.

The user will receive an email confirmation from Direct Bill to the email address provided.

| OUR ACCOUNT SUMMARY | 1 Billing Information > 2 Payment Details > 3 Review Payment | Billing Information 2 Payment Details 3 Review Payment 4 Payment Status | | | |
|--|--|--|--|--|--|
| ccount Name : Medical Group Management Association-Alab | PAYMENT STATUS | PAYMENT STATUS | | | |
| ccount Number : 0129895' | | PAYMENT INFORMATION | | | |
| | | Amount: \$20.00 | | | |
| otal Account Balance : \$30 | You payment is now in process. It can take 3-5 business days to apply to your | Reference Number: 019I17SMcdU | | | |
| | account. You will receive a confirmation of this transaction at the email address provided. | Scheduled For: Sep 17, 2019 | | | |
| Back to home | | Payment Method: Bank Account | | | |
| | SAVE TIME AND SIGN UP FOR AUTO PAY | Routing Number: 071921891 | | | |
| | With Auto Pay, your invoice will PAID | Bank Account Number: ******195 | | | |
| | due date, and you'll never miss a | Email Address: nancy.somerville@cna.com | | | |
| | We'll email you every time a | | | | |
| | payment is made, and we'll never charge you more than | NEED HELP? | | | |
| | what's due. | Contact the CNA Customer Care Center at (877) 276-7507 | | | |
| | Opt out at any time. | M-F 7am- Tom Central Time or Ener CNA, help@miccom paymybil@cna.com Authorized Payment Confirmation | | | |



Option 4: Enroll in Auto Pay with ACH

An email address is required.

| YOUR ACCOUNT SUMMARY | ista Veterinary Hospital | Aut | W-F 7am-7pm Central Time V |
|---|--------------------------|---|--|
| Account Number : Total Account Balance : | 0133089853 \$2,755.00 | Projected Next Payment Date: Jul 21, 2019 | Projected Next Payment Due: \$923.00 |
| Reack to home | 10 | Email Address How will it be used? nancy.somerville@ona.com × Enroll for Auto Pay × Edit Auto Pay Details × Withdraw from Auto Pay × | BENEFITS OF AUTO PAY With Auto Pay, your invoice will be paid automatically on the due date, and you'll never miss a payment again. Auto Pay saves you money – No more stamps or trips to post office. Once you setup Auto Pay, you will free up the time you spend paying your invoice and tracking payment due dates. |
| | | | |



| Option 1 | Option 2 | Option 3 | Option 4 |
|---------------------|-------------|--------------|--------------|
| One Time Payment CC | Auto Pay CC | One Time ACH | Auto Pay ACH |

Step 1: Enter ACH banking details

The bank account number must be entered twice for confirmation.

| DIRECT BILLING PORTAL | | Questions (877)-276-7507 |
|--------------------------|-------------------------|--|
| YOUR ACCOUNT SUMMARY | | Auto Pay Payment Datain: > Rovisor Auto Pay Datain: > So Autopay Status |
| Account Name : Arroyo Vi | sta Veterinary Hospital | AUTO PAY PAYMENT DETAILS |
| Account Number : | 0133089853 | Bank account details can be used for all payment amounts. |
| Total Account Balance : | \$2,755.00 | Credit Card Bank Account |
| Ø Parkte har | | Bank Routing Number 075000022 |
| A Pack to non | | Bank Account Number |
| | | Confirmation Bank Account Number |
| | | Routing Number 9-digit number 4-177 digits |
| | | BACK |



Option 2

Step 1a: Electronic signature authorization is required to move to the next screen.

Box must be checked marked before selecting ACCEPT.

| CNA DIRECT BILLING PORTAL | Questions M-#7am-7pm | 877)-276-7507 |
|---|---|--|
| YOUR ACCOUNT SUMMARY Account Name : Arropo Vista Veterinary Hospital Account Namber : 0133089853 Total Account Balance : \$2,755.00 Mr Back to home | <text><text><text><text><text><text><text></text></text></text></text></text></text></text> | |
| | | |
| By visiting our web site, you accept the terms and conditions as described in our <u>Terms of Use</u> . | Phisoy Statement Conflict of Interest Licensing Disclosure) General Disclo | imer Privacy Policy www.cna.com ugged in, not charging) |



Step 2: After selecting, ACCEPT, the user is taken to the Review Auto Pay screen.

If any information requires changing, the user can select the BACK button to revise.

| CNA DIRECT BILLING PORTAL | Quest M-# 7ar | ions (877)-276-7507 |
|--|--|---------------------------------------|
| YOUR ACCOUNT SUMMARY Account Name: Arroyo Vista Veterinary Hospit Account Name: 013308985 Total Account Balance : \$2,755.0 | Account Number: 07500022 Breach Account Number: 07500022 Breach Account Number: 07500022 Breit Account Number: 0750002 Breit Account Number: 0750002 | |
| By visiting our web site, you accept the terms and conditions as described in our <u>Terms of Use.</u> | Physicy Statement Conflict of Interest Licensing Disclosurel Genera | Disclaimer Privacy Policy www.cna.com |





Step 3: When the user selects NEXT, they will be taken to the Auto Pay Status screen.

Select PRINT for a hardcopy receipt.

The user will receive an email confirmation from Direct Bill to email address provided.



Direct Bill Terms and Conditions

By accepting your CNA policy and paying the initial premium, you are agreeing to the rules and conditions of the CNA Direct Bill program.

- Unless you call a CNA Customer Support Center representative and make other arrangements, payments received will be distributed among all policies within the accounts that have premium due.
- If you pay an amount equal to or greater than the account balance, the additional funds may be applied to all current and future installments.
- If you pay more than the amount due on a statement but less than the account balance, the additional funds will be held and applied to future installments.
- Premium credits, such as those generated from an endorsement or audit, are applied to their corresponding policy and policy term first. If a premium credit or cancellation credit is more than the remaining unpaid premium for that policy, the credit or unearned premium may be applied to balances for other policies on the account or may be refunded to you.
- If you fail to make an installment payment or payments by the due date on an installment account, CNA reserves the right to accelerate the billing of any or all future installments or to revoke the right to installment billing and require payment of the full policy premium on all policies on the account.
- If you select to pay in installments, you will be charged an installment fee of up to \$10 per installment statement. If payments are received after the due date, you may be subject to a late fee up to \$20 and/ or reinstatement fees of up to \$15 if your policy is canceled for non-payment of premium and subsequently reinstated.
- The installment payment plan fees, and certain other fees, vary from state to state. Please consult the Fee Disclosure Notice and your billing statement for the actual fee(s) applicable to your account.
- For policies issued after the first billing cycle, the down payment and any accrued installments will be due.

Direct Bill Frequently Asked Questions

- Q. Has my payment been received? What is the balance on my account?
- A. Automated answers to these questions can be found by calling the Interactive Voice Response (IVR) System toll-free number located on page one of your statement.
- Q. How do I contact my agent?
- A. Your agent's name, address and phone number are located on page one of your statement.
- Q. How can I allocate a premium payment to a specific policy within my account?
- A. Call our CNA Customer Support Center toll-free at 877-276-7507. Note however, that the failure to satisfy the minimum balance due or amount due to retain current policy coverage for each policy on an account may result in the cancellation of past due policies.
- Q. How do I make a change to my policy? What does my policy cover? Who will provide my certificate of insurance?
- A. Please contact your agent for information regarding endorsement activity and coverage information on your account.
- Q. How does CNA protect my personal information?
- A. At CNA, we take very seriously our responsibility for properly handling and protecting non-public personal information, and confidential business information such as bank account numbers and phone numbers. We use procedural, manual and electronic security controls to maintain the confidentiality, security and integrity of personal and business information in our possession and to guard against unauthorized access and disclosure.

If you have questions, please contact our CNA Customer Support Center Representatives at **877-276-7507** Monday - Friday from 8 a.m. to 8 p.m. Eastern Time.

CNA Direct Bill Program

Information Guide and Account Agreement

CNA



One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2012 CNA. All rights reserved. DBPRGM BR 101912

This is a brief overview of the CNA Direct Bill Program, including Terms and Conditions. If you have any questions about your statement after reading this guide, contact our CNA Customer Support Center at the toll-free number found in this guide or in the upper right-hand corner of your Direct Bill statement.

How Direct Bill Works

- For your convenience, all policies on your account will be billed on a single statement.
- The following standard plans for payment of your premiums may be available on your account:
- Monthly (25% down and 9 installments)
- Monthly (25% down and 7 installments)
- Quarterly
- Semi-annually
- Full Pay

Additionally, Small Business renewal accounts may be eligible for our Preferred Monthly Pay Plan, which eliminates the large down payment and allows you to pay in 12 equal monthly installments. Combine this with scheduled automatic payments via electronic funds transfer (EFT) for the ultimate in ease!. **Contact our CNA Customer Support Center at 877-276-7507 for additional information.**

Important Information Concerning Your Account Statement

The back of page one of your statement provides additional information that will help you understand your CNA statement and options.

- Installment Billing
- Billing Rules and Fees
- Taxes, State Fees and Surcharges (for a complete breakdown, please refer to your policy declarations page)
- Overnight Payment Options



Statement Features

- **A.** Heading: Identifies your business, agent, account number and billing date.
- B. Payment Section: Displays the Due Date by which payment must be received, the Amount Due, Amount Due to Retain Current Policy Coverage or Minimum Due and your current Account Balance.
- **C.** Important Notice Section: Includes important messages about your account, including transaction processing dates, past due notice and dispute information, as applicable.
- D. Account Activity: Summarizes all premium transactions, payments, adjustments and fees that occurred since the last statement was produced. It shows the Amount Due, Amount Due to Retain Current Policy Coverage or Minimum Due and the Account Balance. To avoid policy cancellation activity, any past due amount or amount due to retain current policy coverage should be paid immediately.
- **E.** Return Portion of Statement: Detach and return this portion of the statement with your check in the envelope provided. Please write your account number on your check to ensure accurate payment application.

Making Payment

Scheduled Automatic Payments* – The Easiest

Way to Pay! – Sign up for CNA's Automatic Premium Payment Plan and you'll never have to worry about when your insurance bill is due again. Prior to your scheduled payment due date, you will receive a statement notifying you of the date and exact amount of the withdrawal from your bank account. All the standard payment plans are available, as shown in the "How Direct Bill Works" section of this guide. If you elect to pay the full Account Balance or pay via the automatic payment plan, the installment fee may be reduced or waived

Telephone Payments* – Make a telephone payment or schedule a future payment 24 hours a day, 7 days a week by calling the toll free phone number on the top right hand corner of you CNA Direct Bill statement or by calling our CNA Customer Support Center at 877-276-7507 Monday - Friday from 8 a.m. to 8 p.m. Eastern Time. Telephone payments may only be made or scheduled by the authorized signer on the bank account. Telephone payments are withdrawn directly from your bank account. Payments made by 9 p.m. Eastern Time are credited to your CNA account the next business day.

Payment by Check — Detach the bottom portion of your statement and return it with your check in the envelope provided. Please include your CNA account number on your check.

At this time, credit cards are not accepted for premium payment. Your CNA Account Number should be referenced on all payments.

*CNA does not charge bank fees for the convenience of automatic premium payment. You must check with your bank to determine if any bank fees apply.

