



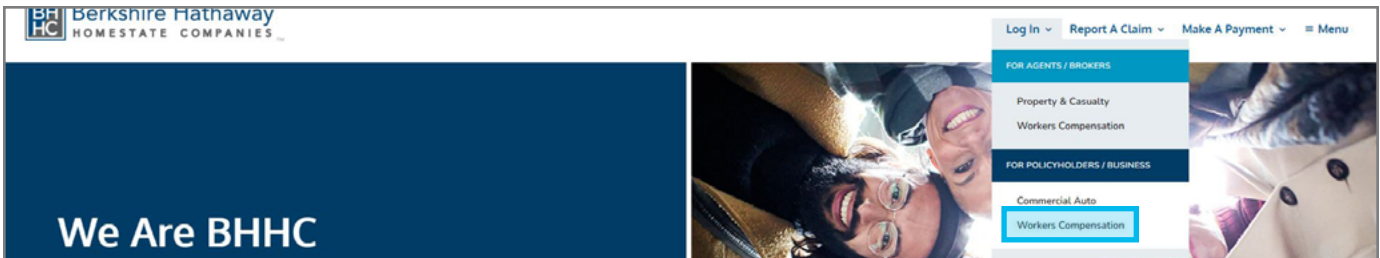
Online Bill Payment Options

- ACH/EFT (Direct Draft) (available at no charge)
- Credit Card (fees apply)
- Check-by-Fax (one-time payment, free of charge)

New to the Policyholder Portal?

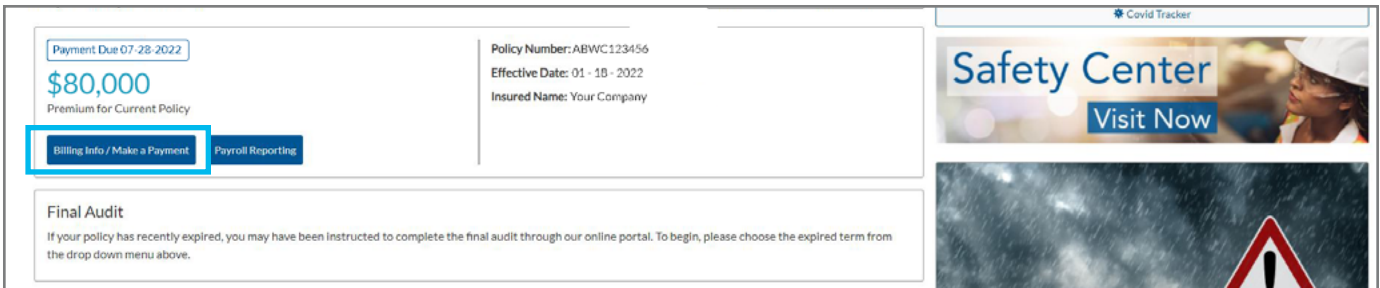
Reach out to our Customer Service Team at CustomerCare@bhhc.com if you need help with registration.

- 1 Log in at bhhc.com by hovering over "Log In" and clicking "Workers Compensation" in the "Business/Policyholder" section.



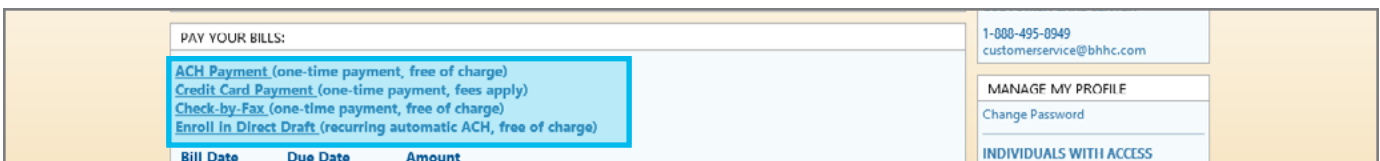
- 2 Click on "Billing Info/Make a Payment".

Note: Refer to the Online Monthly Reporting instructions for entering payroll



- 3 Under "Pay Your Bills", select one of the payment methods. To sign up for automatic recurring payments by ACH/EFT, click "Enroll in Direct Draft".

Note: Other payment options may be accessed here, including payment by a one-time scheduled ACH/EFT transaction, credit card (fees apply), or a check by fax.





Online Bill Payment Options

- 4 Enter your bank information in the specified fields. Click "Next" to move onto the next step.

Direct Draft is a recurring ACH option for BHHC policy holders. Once enrolled, premium payments will be automatically scheduled and drafted while the policy is in-force. Any invoices due outside of the policy period, such as those for Final Audit will need to be paid manually. Direct Draft enrollment does not transfer to renewal or related policies.

Policies set to cancel for non-payment on or before the next business day should not enroll in Direct Draft after 5PM Pacific Time of the preceding business day as cancellation may not be prevented. A one-time payment should be made to bring the policy account current prior to enrolling.

Bank Routing Number: [Re-Enter] ?

Bank Account Number: [Re-Enter] ?

Account Type: Please Choose USE PAST ACCOUNT INFO ?

Bank Name:

Email:

NEXT
RESET
CANCEL

REPORT A CLAIM

CONTACT BHHC

REPORT FRAUD
1-800-300-5245
reportfraud@bhhc.com

CUSTOMER CARE CENTER
1-888-495-8949
customerservice@bhhc.com

MANAGE MY PROFILE
Change Password

INDIVIDUALS WITH ACCESS
Aria Green

GIVE US YOUR FEEDBACK
Your feedback is important to us! Click

- 5 In order to enroll in Direct Draft, we require your written authorization. Click on "Authorization Form" to print a copy and fill out the form that appears on your window.

Once you have completed the form, press "I Agree" and you will be brought back to the previous page.

Note: You must print and complete a physical copy of this form. When you are done, send it to us at DirectDraft@bhhc.com.

By completing the form below, the account holder authorizes BHHC to regularly schedule premium charges to the account holder's checking/savings account for an amount based on the current premium invoice.

Policies will be removed from Direct Draft upon expiration or cancellation.

Please complete the information below and return this form to BHHC by mail or email:

Mailing Address: BHHC Accounting Department
One California St, Suite 600
San Francisco, CA 94111

Email: DirectDraft@bhhc.com

(Account Holder's Name) _____ authorizes BHHC to charge their bank account for each invoice due during the coverage period for payment of the workers compensation insurance premium for (Insured's Name) _____ using the account information provided through the BHHC Workers Compensation Policyholder Portal website.

Signature _____

Date _____

Printed Name _____

Title _____

Policy Number _____

The person signing this authorization certifies that he or she is the account holder or an authorized representative of the account holder. The account holder understands that this authorization will remain in effect for the term of the insured's workers compensation policy. The account holder

I AGREE
DECLINE





Online Bill Payment Options

- 6 Press "Submit" if the banking information is correct and you are ready to enroll. You will then be led to a page displaying your currently scheduled drafts.

Note: If you need to correct any of the information on the verification screen, press edit.

Account Type: Checking Bank Name: Test Bank Email: test@testco.com	AUTHORIZATION FORM SUBMIT EDIT	CUSTOMER CARE CENTER 1-888-495-8949 customerservice@bhhc.com MANAGE MY PROFILE Change Password INDIVIDUALS WITH ACCESS
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Workers Compensation Policyholder Portal	BHHC.com	Services & Resources	Log Out												
AUTOMATIC PAYMENTS: SIGN UP FOR DIRECT DRAFT / UPDATE BANK INFORMATION Thank you for enrolling in Direct Draft. Your policy has been evaluated, and any scheduled drafts will be shown below. Future payments will be automatically scheduled and drafted as invoices are generated. If you have questions, please contact Customer Care at customerservice@bhhc.com or 1-888-495-8949.		WORKERS COMPENSATION AEWWC123456 (W/C 2022)													
Scheduled Drafts: <table border="1"> <thead> <tr> <th>Draft Date</th> <th>Draft Type</th> <th>Routing Number</th> <th>Account Number</th> <th>Transaction ID</th> <th>Payment Amount</th> </tr> </thead> <tbody> <tr> <td>5/15/2019</td> <td>Recurring Direct Draft</td> <td>1234567890</td> <td>*****1234</td> <td>123456</td> <td>11345.00</td> </tr> </tbody> </table>		Draft Date	Draft Type	Routing Number	Account Number	Transaction ID	Payment Amount	5/15/2019	Recurring Direct Draft	1234567890	*****1234	123456	11345.00	REPORT A CLAIM CONTACT BHHC REPORT FRAUD 1-800-300-5245 reportfraud@bhhc.com CUSTOMER CARE CENTER 1-888-495-8949 customerservice@bhhc.com MANAGE MY PROFILE	
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