

Hanover EZPay Set-up Form

Please complete all sections of this form unless stated as optional. This form is required when placing any Workers' Compensation new business or renewal policy onto Hanover EZPay. Please submit this form with the insured's application or send to HanoverEZPay@hanover.com if submitting or issuing business through Point of Sale.

Agency Name and Contact: _____

Named Insured: _____

Quote or Policy Number: _____

Included and Excluded Officers or Key Individuals:

Why we need this: In order to accurately calculate premium from reported payrolls, we need record of all executive officers and key individuals and whether they are included or excluded from the payroll.

STATE	NAME	TITLE/RELATIONSHIP <i>(Officer, Other, Partner, Sole Proprietor, LLC Member)</i>	INCLUDED/ EXCLUDED	CLASS CODE	IS THIS INDIVIDUAL GOING TO BE IN PAYROLL FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured Email Address for Pay As You Go: _____

Insured Phone Number for Self-Registration: _____

Why we need this: This email address will be used to send the custom link for client self-registration in the Hanover EZPay portal. The phone number will be used to contact the insured to complete self-registration if not completed within 3 days of custom link receipt. When registration is completed, the insured will have the opportunity to give access to others in their organization for payroll submission or ACH (Automated Clearing House) management within Hanover EZPay.

Agent Email Address for Pay As You Go Notifications (optional): _____

Why we need this: Notification emails will be sent to your client on an as-needed basis. If you provide us with your email address, you will be copied on communications to your client such as notices for self-registration, late payroll, insufficient funds, account information, or banking information. You do not need to provide your email address if do not want to receive these notifications. You may change these settings at any time by contacting the Hanover EZPay Customer Service Team at 800.853.0458 or HanoverEZPay@hanover.com.

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