



## Authorization to Direct Premium Refunds

In accordance with the Medical Professional Liability Reporting Policy, Section XIII, Rights and Duties as the Named Insured, Item (b), MICA is required to remit premium refund payments to the person or entity named on item 1 of the Declarations page (the Named Insured). Only the Named Insured may authorize MICA to send premium refunds to a group, entity, or individual other than the Named Insured.

Authorization to Direct Premium Refunds is made by the Named Insured, with the acceptance and agreement of the designated payee. Both parties agree to the following terms and conditions. This Authorization:

- Is irrevocable without the written consent of both parties;
- Becomes effective upon 1) the policy effective date, or 2) the date MICA receives this form, whichever is later.
- Expires at the end of the current policy term;
- Does not apply to policyholder dividends paid to the Named Insured.

The Named insured may rescind this authorization by submitting to MICA a "Rescission of Authorization to Direct Premium Refunds" form signed by both the Named Insured and the designated payee no later than 10 business days after the date of the notice of cancellation. Otherwise, MICA will refund the premium to the designated payee indicated below.

I certify that I am the Named Insured on the policy listed below. If cancellation or other changes to my policy result in a premium refund, I authorize MICA to make the payment payable to:

DESIGNATED PAYEE

ADDRESS

NAMED INSURED

SIGNATURE

DATE

POLICY NUMBER

POLICY EFFECTIVE DATE

As designated payee, I accept and agree to receive premium refunds. I also agree to not unreasonably withhold my consent if the Named Insured should rescind this authorization.

SIGNATURE

DATE

Please return this signed form to:

MICA  
PO BOX 33180  
PHOENIX AZ 85067-3180