Invoices and Payment Policies

Invoices

- Sent the 1st five days of each month by mail, email, or both.
- To ensure the privacy of your account and employees, emailed invoices are protected with your PIBT encryption password.
- View and download invoices online at any time through the PIBT portal.

Premium Payments

- **Due Date**: The 15th of each month for the current invoiced month. Failure to complete payment by the due date will result in termination of coverage.
- **Late Fee:** A $35 late fee is charged when payment is received after the 25th of the month.
- **Failure to pay**: Results in termination of coverage retroactive to last payment received, and past claims become the employee's financial responsibility.
- **Returned payments (NSF, stopped checks, closed accounts):** Incur an additional $150 fee.
- **Terminated accounts:** May be considered for reinstatement once per 12 months with a payment of **$500** reinstatement fee plus all past late fees, and any past and current premiums due.

Payment Methods

Online payments
Make Payment here: https://bit.ly/payment-PIBT

Wire Transfer/ACH/EFT:
Account: Printing Industries Benefit Trust
Bank: Citizens Business Bank
Routing Number: 122234149
Account Number: 0901107922
City, State, and Zip: Burbank, CA 91505

Lockbox Payment (Regular Mail):
Printing Industries Benefit Trust
PO Box 80824, City of Industry, CA 91716-8420

Overnight Payment (FedEx, UPS, Messenger, etc.)
Printing Industries Benefit Trust
Box 80824
2525 Corporate Place, Suite 250
Monterey Park, CA 91754

***IMPORTANT**: Terminated Employers may request a review by the California Insurance Commissioner if they believe their coverage or health insurance policy has been or will be wrongly canceled, rescinded or not renewed. To do so, you must submit your request in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring St., South Tower, Los Angeles, California 90013, or online at www.insurance.ca.gov. You may also call them at 1-800-927-HELP (4357) or TDD 1-800-482-4833. It will be to your advantage if you are able to provide the Department with your health insurance policy number, copies of any letters you have received from us and a copy of your health insurance card. As soon as we receive notice from the Department of Insurance that you have requested a review by the Commissioner, we must continue to provide coverage as of the date of the review request until a final determination of your request for review has been made, unless your policy or coverage is being cancelled for non-payment of premiums. To ensure that your coverage is continued without interruption, you must request a review by the Commissioner before your coverage ends. In the event the Commissioner determines that your request for review is a proper complaint and, subsequently, the cancellation, rescission or non-renewal was unlawful, the Commissioner shall order reinstatement of your coverage retroactive to the time of cancellation, rescission or non-renewal. **WARNING:** You must continue to pay your insurance premiums on time in order to maintain coverage. If your coverage is reinstated retroactively, you will be responsible for payment of the corresponding premium between the time of termination and the time of reinstatement.*