ENGLISH

Online Premium Payment Instructions

Bill Payment: Welcome!

- Visit https://www.aimmutual.com
- Click on the top of the page “Pay Your Premium”
- It will ask for the following information under new user
  - Insured Number
  - Statement Number
- Fill in the relevant fields.
- In the payment amount box you will enter the payment.
- Enter in your routing number followed by account number (all information is located on your check)
- Once all fields are filled in click on the bottom “Confirm”
- It will take you to another screen to verify the information, and click “Pay Bill” at the bottom

ESPAÑOL / SPANISH

Instrucciones Para Pagar Su Prima en el Internet

Bill Payment: Welcome!

- Visite https://www.aimmutual.com
- Presione en **“Pay Your Premium”** en la parte superior de la pagina
- Se le va a preguntar por la siguiente información bajo un nuevo usuario
  - Numero de Asegurado (Insured Number)
  - Numero de Factura (Statement Number)
- Llene la información relevante.
- Entre la cantidad que va a pagar en el espacio que dice “Payment Amount”
- Entre el número de identificación/ruta bancaria donde dice “Routing Number” seguido por el número de cuenta donde dice “Account Number” (toda esta información está en su cheque)
- Una vez que haya entrado toda la información presione **“Confirm”** en la parte inferior de la página.
- Esto le va a llevar a otra página para verificar la información, presione en **“Pay Bill”.**

PORTUGUESE

Instruções de pagamento do prêmio on-line

Pagamento de contas: Bem-vindo!

- Visite https://www.aimmutual.com
- Clique no topo da página "Pague o seu prêmio"
- Ele solicitará as seguintes informações em novo usuário
  - Número do Segurado (Insured Number)
  - Número do Extrato (Statement Number)
- Preencha os campos relevantes.
- Na caixa do valor do pagamento, você inserirá o pagamento.
- Digite seu número de roteamento seguido do número da conta (todas as informações estão localizadas em seu cheque)
- Assim que todos os campos estiverem preenchidos, clique na parte inferior "Confirmar"
- Ele o levará a outra tela para verificar as informações e clicar em "Pagar conta" na parte inferior

A.I.M. Mutual Insurance Company
Massachusetts Employers Insurance Company
New Hampshire Employers Insurance Company
Associated Employers Insurance Company

WORKERS COMPENSATION INSURANCE
BILLING STATEMENT

Joe Smith
1 Main Street
Anytown, MA 01803

Policy Number:	VWC-100-XXXXXXX-2024A (1)
Policy Term:	5/13/2024 - 5/13/2025
Statement Date:	9/17/2024
Statement Number:	BXXXXXXX
Due Date:	**10/7/2024**
Amount Due:	**$156.00**

Date	Description	Amount
5/14/2024	Balance as of last statement	$0.00
9/17/2024	Premium Endorsement # 1	$156.00
	Current Balance:	$156.00

SAMPLE

If a previous balance appears on your statement, a portion of the Current Balance shown may be due earlier than the due date shown. Policy is subject to audit.

For billing inquiries, please call (800) 876-2765

54 Third Avenue • P.O. Box 4070 • Burlington, MA 01803-0970

Tear here

Pay your premium by mail:

Instructions:

1. Make checks payable to A.I.M. Mutual Insurance Company.
2. Include your Policy Number on the check.
3. **Detach this stub and return with payment in enclosed envelope.**

OR

Pay your premium online:

Instructions:

1. Navigate to www.aimmutual.com.
2. Click the "Pay Your Premium" link at the top of the page.
3. Input the relevant information found on this statement.

Insured: Joe Smith

A.I.M. Mutual Insurance Company
P.O. Box 4130
Woburn, MA 01888-4130

- Numero de Asegurado
- Numero do Segurado
- Numero de factura
- Numero do Extrato

Policy Number:	VWC-100-XXXXXXX-2024A (1)
Policy Term:	5/13/2024 - 5/13/2025
Policy Premium & Surcharge(s):	$12,781.00
Insured Number:	6XXXXXX
Statement Number:	BXXXXXXX
Statement Date:	9/17/2024
Due Date:	**10/7/2024**
Amount Due:	**$156.00**