

Employer Form - Automatic EFT Authorization

Please return this form to BPC completed and signed in order to complete setup of your Plan or change banking information. Completed forms may be returned via fax to 217-239-4499 or via secure email to health.benefits@ascensus.com. The insurance carrier does not need a copy of this form.

Automatic Electronic Funds Transfer (EFT)

To administer services for your account, BPC will process claim payments directly from your checking account. The best part is you don't have to change your present banking relationship to take advantage of this service. You authorize regularly scheduled payments to be made from your checking account. **The Account Type must be a Checking Account.** Please complete this authorization form and return it to BPC in order to start your administrative services.

Please note: Benefit Payment System (BPS), the company the TPA uses for processing payments for the Employer Program will debit the Employer's bank account **\$1.00 for a pre-note** fee whenever the Employer provides a new bank account or there is a change in the bank account the Employer uses for payments under any Program. The Employer will be responsible for funding this pre-note fee. Debits will come with a description with "MBI" in the name.

Employer Checking Account: You will receive check register statements that include all claims processed from your account. The total amount from your account will be equivalent to the dollar amount of claims processed for payment for any FSA, Dependent Care, and/or HRA programs you have with BPC. BPC will process claim payments from your checking account by either check or direct deposit into the employee's bank account. Also, if you offer the Benefits Debit Card, any amounts used on participants' cards will be processed automatically from your checking account. The Employer agrees to maintain appropriate funds in the account for payment of claims and/or HSA deposits transferred to employees HSA accounts by BPC.

Authorization for EFT

I authorize Benefit Planning Consultants, Inc. and the financial institution named below to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution and BPC a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution.

Please use account for:

Flex HRA HSA LifeLock

for _____

⌘ 23456789 ⌘ 234567890 ⌘ 100

Routing Number Account Number Check Number

Employer Name and Address as it will appear on the check

Bank Name and Address as it appears on your checks

City _____ State _____ Zip _____

Routing Number _____ Account Number (Must be a Checking Account) _____

Print Name of Signor for Employer's Account _____ Title _____ Date _____

Effective Date (if change in account)

Starting Check Number: BPC can use as check number to issue claim reimbursements directly from Employer's Account. If left blank, starting check number will be 10001000.

Signature for Signer listed above. Please sign inside the box with felt-tipped marker.

DO NOT ALLOW SIGNATURE TO TOUCH THE LINES AROUND THE BOX

