



## Direct Deposit Authorization Form

Read the terms and conditions (included).

Type of transaction:  New  Change  Cancellation

### Section 1 — To be completed by employee

Last Name First Name Middle Initial

Street Address

City State Zip Code

Social Security Number

Employer Name

### Section 2 — Financial Institution Information

Name of Financial Institution

Name(s) on Account

Routing Number / Transit Number (Please attached a VOIDED check for verification)

Account Number

Savings  Checking

### Depositor / Employee Certification

I certify that I have read and understand the terms and conditions set forth on reverse side. By signing this form, I authorize my health reimbursement account and/or flexible spending account reimbursements to be sent to the financial institution named above and to be deposited in the designated account. I further authorize HealthPartners to access this account information as needed for customer service purposes.

Signature

Date

*Direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.*

**Fax to:** 952-883-5026 or 877-624-2287

**Mail to:** HealthPartners Service Center, CDHP - Mail Route 21104T, P.O. Box 297, Minneapolis, MN 55440-0297



## TERMS AND CONDITIONS FOR PARTICIPATING IN THE DIRECT DEPOSIT PROGRAM

Participants in reimbursement programs have the option of having authorized reimbursements deposited directly into their financial institution checking or savings accounts rather than receiving the payment by check. The following are the terms and conditions for participating in the direct deposit program. You do not have to participate in the direct deposit program to have a spending account.

1. To take advantage of the direct deposit program, the reimbursement program participant's financial institution must be a member of an Automated Clearing House (ACH).
2. Participants must complete this authorization form to enroll in the direct deposit program. A signed and dated form is required for processing. Once HealthPartners receive the form, there may be up to a four (4) week administrative processing period before implementation of the direct deposit program. Participants will receive checks for any reimbursement claims paid during this processing period.
3. HealthPartners will mail participants an explanation of benefits (EOB) each time an electronic transfer is made to the participant's bank account. The EOB will show information on the claim being paid, as well as year-to-date information on the participant's reimbursement account. Participants who would like to receive the EOB electronically should contact Member Services at the number below. The standard turnaround time for deposit into the reimbursement account is 48 hours from the time HealthPartners transmits the reimbursements. Participants should verify that the deposit has been made into the bank account before attempting to withdraw funds.
4. If an electronic transfer cannot be made to a participant's bank account for any reason, HealthPartners will notify the participant, investigate the cause and if needed, will issue and mail a reimbursement check to the participant. Until the problem is corrected, the participant will continue to receive reimbursement checks in the mail.
5. It is the participant's responsibility to notify HealthPartners immediately of any changes in the status of the bank account, such as an account closure or bank account number change. Complete this form indicating the action is a change, and provide the new information. There may be up to a four (4) week processing period before the change is effective. If there is interruption in the direct deposit service, the participant will receive checks for any reimbursement claims paid during that time.
6. Direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.
7. Participants may cancel direct deposit at any time by completing this form and checking CANCELLATION. The cancellation will take effect as of the date the participant indicates, or as soon as the form is received and processed by HealthPartners.
8. HealthPartners reserves the right to automatically cancel a participant's direct deposit services upon termination of employment or termination of a participant's reimbursement account.

If you have any questions regarding this form, call HealthPartners Member Services at 952-883-7000 (metro area) or 866-443-9352 (outside metro area).