



BENEFIT PLAN SERVICES, INC.

POST OFFICE BOX 2793 - HIGH POINT, NC 27261 - TELEPHONE (336) 889-2003 - www.bpstpa.com

Re: Direct Deposit

Dear customer:

You have the option to receive your reimbursements electronically (direct deposit) into either your checking or savings account. We have estimated that you should receive your reimbursement within three to four business days sooner versus waiting for a paper check. Also, you avoid having to go to the bank to deposit your reimbursement and the delay in the mail system. LET'S THINK GREEN!

ECHO Health, Inc. will administer your direct deposit. They are a leader in the electronic payment industry and issues over \$6 billion in medical and dental payments annually. They are fully compliant with all federal banking regulations and HIPAA privacy and security standards.

There is NO COST to you for this option. In order to receive your reimbursement through direct deposit, you will need an email address to be able to receive your explanation of benefits (EOB). If you currently do not have an email address, you will continue to receive your reimbursements by paper check.

What do I need to do to set-up Direct Deposit?

To get started, please complete and sign the attached Authorization Agreement for Direct Deposit. Please remember to include a voided check, so we will be able to enter the correct banking information. Please do not include a deposit ticket, this typically has different bank routing information. Please mail your completed Agreement to: Benefit Plan Services, Inc., Post Office Box 2793, High Point, NC 27261. Once we have received your Agreement, it will take about seven business days to have you set-up in the system.

How will I know when my reimbursement has been deposited into my account?

You will receive a secure email that includes your EOB copy with the reimbursement amount that will be deposited into your account the next business day.

Can anyone access funds from my account?

No, the Agreement only allows us to deposit funds into your account. We are not allowed to take funds out of your account.

What if I need to change banks or want to discontinue direct deposit?

You can either email us at adminbpstpa.com or contact us by telephone. If you are changing banks, a new Authorization Agreement for Direct Deposit will need to be completed.

We are always here to help, so please contact our office if you have any questions. Please remember, you can view your account at our website: www.bpstpa.com.

Alan O. Peters
Vice-President

Enclosure

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I. Authorization

The member authorizes Benefit Plan Services, Inc. (through ECHO Health, Inc.) to directly deposit benefits payable to the member into the account specified below. Please be aware that direct deposit setup will result in all payments to the member to directly deposit into your account.

II. Activation

Setup requires (7) business days from the date of receipt to activate.

III. Documentation Requirements

The account specified below must be held by the member. A voided check must be provided with this form. We cannot accept copies of deposit slips.

IV. Termination of Authorization

This authorization remains in effect until such time as the member notifies Benefit Plan Services, Inc. in writing to terminate direct deposit procedures.

V. Changes to Account Information

It is the member's responsibility to notify Benefit Plan Services, Inc. of any changes/updates to the banking information given on this form, or changes of email address. All changes/updates must be in writing, dated and requires up to seven (7) business days from receipt to activate.

VI. Notification of Deposit

By providing an email address the member authorizes all notifications of deposit to be delivered to this email address instead of postal mail.

I hereby authorize direct deposit to my checking account pursuant to the above stipulations:

Name of Employer: _____

Name of Employee: _____

Member Signature: _____ Date: _____

I have attached a voided check for my checking account (not a deposit slip)

Account Holder: _____ Email: _____

Bank Name: _____ Checking: Savings:

Bank Routing Number: _____ Account Number: _____