

Direct Deposit Application Claim Payments

To avoid delays, please complete the required information by printing clearly in ink.

GENERAL INFORMATION

To have you claim benefits deposited electronically, simply complete the attached form and return it to us.

Direct deposit of funds allows Beneplan Cooperative to deposit you benefit payments directly to your financial institution. This service is convenient for you because the money will automatically appear in your account each time a claim is paid. A corresponding explanation of benefit letter will be mailed to you explaining the distribution of benefit payment. If you change your bank account, we require three weeks' notice to avoid any delay in your payment.

PLAN MEMBER INFORMATION

Group: _____ Division: _____ Certificate: _____

Plan Member: _____
First Name Initial Last Name

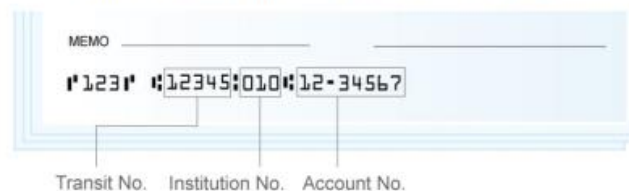
Address: _____
Street Address City Province Postal Code

BANKING INFORMATION

Please include a personal cheque marked "VOID".

If you are not attaching a void cheque, Please provide the following information as displayed below:

How to find your banking information on a personal cheque:



Financial Institution Name: _____

Transit Number (5 digits): _____ Institution Number (3 digits): _____

Account Number (Maximum 12 digits): _____

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize Beneplan Cooperative to deposit Extended Health and Dental payments directly to my account and to exchange my relevant financial information with my financial institution for such purpose. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Plan Member Signature: _____ Date: _____