

Participants in the Emeriti Program who have insurance coverage under the Program are required to complete this form in order to provide banking authorization to CBIZ RPS, an Emeriti service provider, to facilitate timely payment of premiums from your personal bank account when insufficient funds remain in your Emeriti Health Account. By signing this Banking Information Form, CBIZ RPS is able to perform two valuable benefit services on your and your eligible dependents' behalf:

1. Withdraw Insurance Premium Payments via electronic transfer (ACH) from your selected bank account, and
2. Deposit Qualified Medical Expense Reimbursements via electronic transfer (ACH) into your selected bank account.

Section A - Election of Benefit Payments and Benefit Deposits

Insurance Premium Payments via Electronic Transfer (ACH withdrawals)

(required when you elect Emeriti Health Insurance coverage)

- I (we) hereby authorize CBIZ RPS to initiate debit electronic transfers (ACH) from my (our) selected bank account when there are not remaining sufficient funds in my Emeriti Health Account to pay for my (our) insurance premiums. I understand that these ACH funds will be deposited into my Emeriti Health Account and will be invested in the TIAA-CREF Money Market Fund to maintain a stable value until used to pay for my (our) health insurance premiums. I further understand that these ACH funds will be restricted from being transferred to any other investment option.

Qualified Medical Expense Reimbursements via Electronic Transfer (ACH deposits)

(optional if you use the Reimbursement Benefit)

- I (we) authorize CBIZ RPS, to initiate credit electronic transfers (ACH) into my (our) selected banking account with the Financial Institution named below for reimbursement of Qualified Medical Expenses (QME) deducted from the available balance in my Emeriti Health Account.

By signing this Banking Information Form, I (we) also authorize CBIZ RPS to initiate, if necessary, any adjustments or refunds of my Emeriti benefits electronically (ACH) to and from my (our) selected banking account.

NOTE: I (we) acknowledge that all electronic transfers (ACH) to and from my (our) selected banking account must comply with the provisions of applicable U. S. Laws.

Section B – Financial Institution

Bank Name

Branch Name

Routing Number

Account Number

Account Type: Checking Savings Other (Specify) _____

Bank Address

Street Address

City

State

Zip Code

Bank Representative

Telephone Number

Please verify all information with your financial institution or attach a voided check in this Section B

Please be sure to inform the Emeriti Retiree Benefits Center whenever any of the banking information listed above changes.

Section C – Plan Participant (and co-account holder) Authorization

This authorization is to remain in full force and effect until CBIZ RPS has received written notification of termination from me (or either of us), and in such time and manner as to afford CBIZ RPS and my (our) Financial Institution a reasonable opportunity to act on the change.

Plan Participant

Signature

Date

Name (please print)

Social Security Number (last 4 digits)

Telephone Number

Email (if available)

Co-Account Holder (if applicable)

Signature

Date

Name (please print)

Social Security Number (last 4 digits)

MAIL TO: (using enclosed envelope)

CBIZ RPS

3000 Chestnut Street #8569

Philadelphia, PA 19104-9998

OR FAX TO:

CBIZ RPS

215-563-9943