



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT AND/OR ELECTRONIC EOB'S

I. Authorization

The member authorizes Integrity Administrators, Inc. (through ECHO Health, Inc.) to directly deposit payable to the member into the account specified below for Flexible Spending and Medical/Dental. Please be aware that direct deposit setup will result in all payments to the member to directly deposit into your account, including payments for Medical / Dental / Vision claims we are not authorized to pay the servicing provider. If you then owe that amount to the provider, you will be responsible for forwarding payment to the provider.

II. Activation

Setup requires seven (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 Integrity Administrators, Inc. in writing to terminate direct deposit procedures, ceases to be eligible for benefits under their health plan or returns to work from disability status. In the event of a new period of disability, a new agreement form would then be required at Integrity Administrators, Inc. discretion.

V. Changes to Account Information

It is the member's responsibility to notify Integrity Administrators, Inc. of any changes / updates to the banking information given on this form or changes of e-mail address. All changes / updates must be in writing, dated and require up to seven (7) business days from receipt to activate.

VI. Notification of Deposit

By providing an e-mail address, the member authorizes all notifications of deposits to be delivered to this e-mail address instead of by postal mail. If you do not provide an e-mail address, notification of deposit will be sent via regular postal mail.

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

Member Signature: _____ Date: _____

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

Account holder: _____ E-mail: _____

Bank Name: _____ Circle Type of Account: Checking / Saving

Bank Routing Number: _____ Account Number: _____

Paperless EOBs (Explanation of Benefits)

E-mail: _____ Name: _____

Once enrolled in paperless EOBs, your password is your Alt ID# this is located on your ID card and is 12 digits long.