



APPLICATION FOR ELECTRONIC DEPOSIT OF GROUP BENEFIT PAYMENTS

INFORMATION

Electronic deposit of funds allows RWAM Insurance Administrators Inc. to deposit your Group Benefits payments directly to your bank, trust company or credit union account.

We hope you find this service convenient as your claims payment will automatically appear in your account each time a claim is submitted and approved. This service is more timely, environmentally friendly, and you avoid mailing delays, lost or stolen cheques. A corresponding Explanation of Benefit (E.O.B.) letter will e-mailed to you explaining the benefit payment, provided you complete the e-mail address section below. Alternatively, the Explanation of Benefit (E.O.B.) letter can be mailed to your home address.

To have your claims benefit payment deposited electronically, simply complete this form and return it to us along with a personalized cheque marked "VOID".

If your banking information changes, we require at least 3 weeks notice to avoid any delay in your payment.

Please return this form and your void cheque to: **RWAM Insurance Administrators Inc.**
Group Administration Department
49 Industrial Drive
Elmira, ON N3B 3B1

Or fax the form and voided cheque to (519) 669-1923

AUTHORIZATION

RWAM Insurance Administrators Inc. – Company Privacy Statement

RWAM Insurance Administrators Inc. is committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or discloses in the necessary conduct of our business.

Authorization

I hereby authorize RWAM Insurance Administrators Inc. to deposit Group Benefits (Extended Health, Dental and/or Disability) payments directly to my account and to exchange my relevant financial information with my financial institution for such purposes. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

Employee Name _____ Employer Name _____

E-mail Address for Explanation of Benefit Summary* _____

Group # _____ Certificate # _____

Financial Institution _____ Branch Address _____

***Disclaimer:** The transfer of any personal information by e-mail is not 100% secure. Your consent to transfer information by e-mail is given with this knowledge and understanding, and RWAM Insurance Administrators Inc. does not accept any responsibility for any interceptions of e-mails by unauthorized parties.

I would prefer my E.O.B. be sent to my home address:

Employee Signature X _____

Date (yy/mm/dd) _____

Please include a personal cheque marked "VOID".

BANKING VERIFICATION

If a void cheque is not included, please have the following completed by your financial institution.

Bank # _____ Branch # _____ Account # _____

Name(s) of Account Holder _____

Signature of Branch Officer X _____

Date (yy/mm/dd) _____

Title _____ Branch Phone #(including extension) _____