



FLEXIBLE SPENDING DIRECT DEPOSIT AUTHORIZATION

Company Name: _____ Group Number: _____

Employee Information (Please print)

Employee Name (Last/First/MI)	Date of Birth	Social Security Number
Employee Address		Daytime Telephone Number
City	State	ZIP Code
Account Action <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Effective Date / /	E-mail Address

Important Notice:

This authorization form must be signed, dated, and returned to ASR Health Benefits at the address below before you can receive reimbursement by direct deposit.

It may take up to two weeks before reimbursement is automatically deposited into your account from the time ASR Health Benefits receives the authorization form. You will receive a check for any reimbursement before that time.

The standard turnaround time between when the funds are transferred and when they have been deposited in your bank is three banking days. **It is important that you verify that the deposit has been made to your account before you withdraw the funds.**

Banking Information

Transit/ABA Number	Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of Banking Institution		

Please read the section below in its entirety then sign and date the form.

I, _____, request ASR Health Benefits to deposit the flex reimbursements payable to me in my account with the financial institution designated above, and I authorize the use and disclosure of the above information in order to effectuate this direct deposit. I also authorize ASR Health Benefits, if necessary, to initiate debit or adjustment entries to the account at the financial institution designated above for any erroneous credit entries. The authorization in this paragraph shall also apply to any authorized agents of ASR Health Benefits and shall remain in effect until the date ASR Health Benefits receives written notice from me of the termination of this authorization or, if earlier, the date my participation in the plan ends.

Employee Signature: _____ Date: _____



TERMS AND CONDITIONS FOR RECEIVING REIMBURSEMENT BY DIRECT DEPOSIT

You have the option of *either* having your authorized reimbursements for your reimbursement benefit(s) deposited directly into your account at your financial institution *or* receiving a check for any authorized reimbursements. If you do choose to receive reimbursement by direct deposit, you must complete the attached authorization form and return it to the address below. Please read the following terms and conditions carefully before making your decision.

1. Your financial institution must be a member of an automated clearinghouse before you can receive reimbursement by direct deposit.
2. The ASR Health Benefits Flexible Spending Direct Deposit Authorization form must be signed, dated, and returned to ASR Health Benefits at the address below before you can receive reimbursement by direct deposit.
3. **It may take up to two weeks before reimbursement is automatically deposited into your account from the time ASR Health Benefits receives the authorization form.** You will receive checks for any reimbursements before that time.
4. The standard turnaround time between when the funds are transferred and when they have been deposited in your bank is three banking days. **It is important that you verify that the deposit has been made to your account before you withdraw the funds.**
5. If an electronic transfer is returned to ASR Health Benefits or cannot be made to your account, ASR Health Benefits will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check will be mailed to you. You will continue to receive your reimbursements by mail until the situation is resolved. You will be notified of any action taken.
6. **It is your responsibility to immediately notify ASR Health Benefits of any changes to your account.** To notify ASR Health Benefits of any changes, you must complete an authorization form, indicating that the action is a CHANGE, and then send it to ASR Health Benefits. It may take up to two weeks before the new information will be processed after ASR Health Benefits receives the form. You will receive checks for any reimbursements before that time.
7. **You can cancel reimbursement by direct deposit at any time.** To cancel participation, you must complete an authorization form, indicating that the action is a CANCEL, and then send it to ASR Health Benefits. Reimbursement by direct deposit will be cancelled on the later of the effective date on the authorization form or the date the form is received and processed.
8. If you provide an e-mail address on your Flex Direct Deposit Authorization Form, **your Explanation of Benefits (EOB) will be e-mailed to the e-mail address provided.** ASR uses the services of ZixCorp to safeguard electronic PHI that is sent via e-mail.