



Doris J. Hughes, HIA, MHP  
BeniComp® Select  
Executive Director

An Insured Medical Reimbursement Product for Key Employees

Dear Participant,

You are required to use Electronic Funds Transfer (EFT) as the method for claim payment. EFT is the fastest and most efficient way for you to receive your reimbursements.

The advantages of EFT are many. Your reimbursements will be deposited within 24-48 hours after claim approval. No waiting for checks to be printed and mailed. EFT will also save a trip to the bank or ATM while preventing the risk of a lost or stolen check.

With this service, your explanation of benefit (EOB) is now available electronically. Notification of benefit payment will be sent to you by e-mail the same day it is processed.

Please complete the Electronic Funds Transfer Agreement and mail it to the address below, or fax to (260) 483-6255.

BeniComp Select  
Attn: EFT  
8310 Clinton Park Drive  
Fort Wayne, IN 46825

If you have questions about enrollment, please contact Nick Osborn at (260) 469-2955.

Best regards,

A handwritten signature in black ink, appearing to read "Doris J. Hughes". The signature is fluid and cursive, with a large loop at the beginning.

Doris J. Hughes, HIA, MHP  
BeniComp® Select  
Executive Director  
[DorisHughes@BeniComp.com](mailto:DorisHughes@BeniComp.com)



Doris J. Hughes, HIA, MHP  
BeniComp® Select  
Executive Director

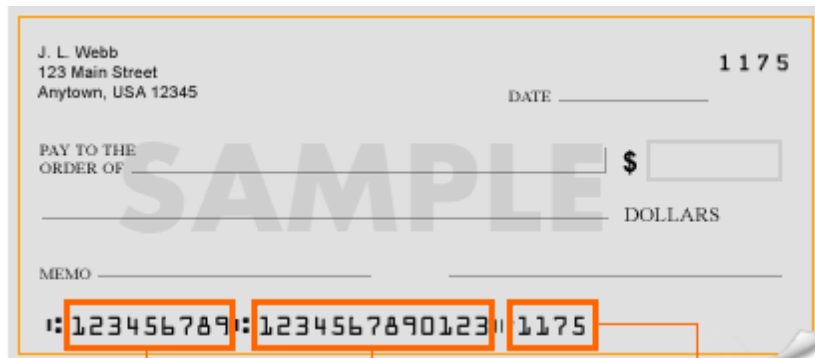
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### BeniComp Electronic Funds Transfer Agreement

Group Name:		Group #:
Employee Last Name	Employee First Name	Social Security Number
E-mail Address	Home Phone Number ( )	Daytime Phone Number ( )

Please select one:    New Enrollment     Account Change     Change Effective Date \_\_\_\_\_  
    Cancel Electronic Funds Transfer     Cancel Effective Date \_\_\_\_\_

Bank Name:	Checking <input type="checkbox"/> Saving <input type="checkbox"/>
Routing/ABA Number:	Account Number:



**PLEASE ATTACH A VOIDED CHECK (FOR CHECKING ACCOUNT DEPOSITS)  
 FOR SAVINGS ACCOUNT DEPOSITS, A ROUTING NUMBER AND ACCOUNT NUMBER  
 NEED TO BE OBTAINED FROM THE BANK.  
 THIS MUST BE INCLUDED TO PROCESS.  
 INCOMPLETE FORMS WILL BE RETURNED.**

#### **Employee Authorization**

I authorize BeniComp and its financial institution to initiate credit electronically or otherwise to my checking or savings account. This authorization will remain in effect until BeniComp has received written notification.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

