

IBIS 105-125 Flex Advantage Plan Employee ACH Form

Return to: 105/125 Department
800.258.1415
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc.
PO Box 6210
Johnston, IA 50131

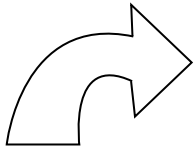
Employer Name/Location	Billing/Routing Number
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Employee Last Name	First Name	MI	Social Security Number	Daytime Telephone Number
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As a participant in your company's Benefit Plan, your reimbursements will be directly deposited to an account of your choosing. Please complete the information on this form and forward it to Iowa Bankers Insurance & Services, Inc. Direct Deposit is faster and safer than a check. You will be notified when a deposit has been processed, and with this notice you will receive a breakdown of the claim amounts paid.

DIRECT DEPOSIT SET UP/ACCOUNT CHANGE

Effective Date	Bank Routing Number	Personal Account Number
Month Day Year _____	(9-Digit Number) _____	Print your account number as it appears on your check. _____ Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings



Note: Please attach a copy of a voided check or savings deposit slip. Your request for direct deposit cannot be processed without it. Please tape horizontally corner to corner.

I hereby authorize my company to directly deposit my Benefit Plan reimbursements to the account identified above and by the attached voided check. I hereby authorize Iowa Bankers Insurance and Services, Inc. to initiate the credit entry for reimbursements, if necessary, debit entries for any adjustments to the account I have identified above. I understand that the notice of deposit is not a guarantee that funds have been received by my financial institution. I acknowledge that this authorization is binding and may only be altered or cancelled upon written notification from me to Iowa Bankers Insurance & Services, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC EXPLANATION OF BENEFITS (EOB) NOTIFICATION AND ONLINE ACCESS: I hereby authorize Iowa Bankers Insurance and Services to send an electronic notification, whenever possible, to the email address provided on this form for notification that my EOBs are available online by clicking on the link in the email notification or by logging in to the IBIS website and to stop mailing paper copies of EOBs to me.

Note: This authorization for online access to EOBs will remain in effect until you notify Iowa Bankers Insurance and Services that you wish to cancel this authorization. You must notify IBIS by sending an email to flexadmin@bankers-ins.com or by faxing a written notice to 515-286-4244.

Employee Signature

Date

Email Address

