**Emeriti®**
Retirement Health

# EMERITI RETIREMENT BENEFITS CENTER BANKING INFORMATION FORM AND ELECTRONIC TRANSFER AUTHORIZATION

Participants in the Emeriti Program who have insurance coverage under the Program are required to complete this form in order to provide banking authorization to CBIZ Savitz (CBIZ Savitz), an Emeriti service provider, to facilitate your timely payment of premiums from your personal bank account when insufficient funds remain in your Emeriti Health Account. By signing this Banking Information Form, CBIZ Savitz is able to perform two valuable benefit services on your and your eligible dependents' behalf:

1. Withdraw Insurance Premium Payments via electronic transfer (ACH) from your selected bank account, and

2. Deposit Qualified Medical Expense Reimbursements via electronic transfer (ACH) into your selected bank account.

## Section A - Election of Benefit Payments and Benefit Deposits

**Insurance Premium Payments via Electronic Transfer (ACH withdrawals)**
*( required when you elect Emeriti Health Insurance coverage)*

☐ I (we) hereby authorize CBIZ Savitz ("CBIZ Savitz") to initiate debit electronic transfers (ACH) from my (our) selected bank account when there are not remaining sufficient funds in my Emeriti Health Account to pay for my (our) insurance premiums. I understand that these ACH funds will be deposited into my Emeriti Health Account and will be invested in the TIAA-CREF Money Market Mutual Fund to maintain a stable value until used to pay for my (our) health insurance premiums.
I further understand that these ACH funds will be restricted from being transferred to any other investment option.

**Qualified Medical Expense Reimbursements via Electronic Transfer (ACH deposits)**
*(optional if you use the Reimbursement Benefit)*

☐ I (we) authorize CBIZ Savitz, to initiate credit electronic transfers (ACH) into my (our) selected banking account with the Financial Institution named below for reimbursement of Qualified Medical Expenses (QME) deducted from the available balance in my Emeriti Health Account.

By signing this Banking Information Form, I (we) also authorize CBIZ Savitz to initiate, if necessary, any adjustments or refunds of my Emeriti benefits electronically (ACH) to and from my (our) selected banking account.

NOTE: I (we) acknowledge that all electronic transfers (ACH) to and from my (our) selected banking account must comply with the provisions of applicable U. S. Laws.

## Section B – Financial Institution

Bank Name ______________________________

Branch Name ______________________________

Routing Number ______________ Account Number ______________

Account Type: ☐ Checking ☐ Savings ☐ Other (Specify) ______________

**Bank Address**

Street Address ______________________________

City ______________ State ______________ Zip Code ______________

Bank Representative ______________ Telephone Number ______________

Please verify all information with your financial institution or attach a voided check in this Section B

Please be sure to inform the Emeriti Retiree Benefits Center whenever any of the banking information listed above changes.

## Section C – Plan Participant (and co-account holder) Authorization

This authorization is to remain in full force and effect until CBIZ Savitz has received written notification of termination from me (or either of us), and in such time and manner as to afford CBIZ Savitz and my (our) Financial Institution a reasonable opportunity to act on the change.

### Plan Participant

Signature ____________________ Date ____________________

Name (please print) ____________________ Social Security Number (last 4 digits) ____________________

Telephone Number ____________________ Email (if available) ____________________

### Co-Account Holder (if applicable)

Signature ____________________ Date ____________________

Name (please print) ____________________ Social Security Number (last 4 digits) ____________________

**MAIL TO: (using enclosed envelope)**
CBIZ Savitz
Attention: Emeriti Retiree Benefits Center
1845 Walnut Street
Suite 1400
Philadelphia, PA 19103

**OR FAX TO:**
CBIZ Savitz
Attention: Emeriti Retiree Benefits Center
Fax Number: 215-563-9943