

Allied Benefit Systems, LLC P.O. Box 211651 Eagan, MN 55121

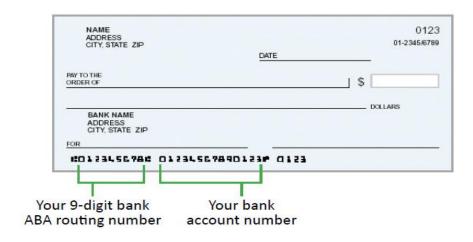


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DIRECT DEPOSIT ENROLLMENT FORM		
SECTION A EMPLOYER/EMPLOYEE INFORMATION		
Employer Name	Group Number	Employer Location (if applicable)
Employee Name	Employee SSN	

- You must activate your account on www.alliedbenefit.com to receive an email notification for each processed claim.
- •Since you will no longer receive paper claim checks in the mail with account balance information, this information will be available via our secure website www.alliedbenefit.com.
- •When Allied processes a claim, the funds will be deposited 4-6 days following the processed date shown on the website.
  •If your bank name, bank routing number, and/or your bank account number has changed, please inform Allied of this change immediately.
  - •In the event that your banking information has changed and a claim is processed, a manual check will be processed for reimbursement and you will be asked to submit updated information.

## PLEASE NOTE WE MUST RECEIVE A VOIDED CHECK IN ORDER TO SET UP YOUR ACCOUNT



## Bank Name Bank Account Type Checking Savings Bank Routing Number: Bank Account Number: