

**Terms and Conditions for Participating in RHS Direct Deposit**

Participants in the RHS reimbursement program have the option of having authorized reimbursements deposited directly into their bank accounts at their financial institution rather than receiving the payment by check. The following are the terms and conditions for participating in the RHS Direct Deposit program. You do not have to participate in the RHS Direct Deposit Program in order to have an RHS account. For privacy and security reasons, MissionSquare Retirement removed Social Security Number as an identifier on this form. Please provide your MissionSquare Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)) on the My Profile tab and on your MissionSquare statements.

1. In order to take advantage of the RHS Direct Deposit program, the RHS reimbursement program participant's financial institution must be a member of an Automated Clearing House (ACH).
2. Participants must complete this authorization form to enroll in the RHS Direct Deposit Program. A signed and dated form is required for processing. If participants have a joint account, both parties must sign the form. Once your form is received by Meritain, there may be up to a four-week administrative processing period before implementation of the RHS Direct Deposit Program. Participants will receive checks for any reimbursement claims paid during this processing period.
3. Meritain will mail participants a direct deposit statement each time an electronic transfer is made to the participant's account. The receipt will show information on the claim being paid, as well as year-to-date information on the participant's VantageCare RHS accounts. The standard turnaround time for deposit into your account could be up to 72 hours from the time Meritain transmits the reimbursements. Participants should verify that the deposit has been made into his/her account before attempting to withdraw funds.
4. If an electronic transfer is returned to Meritain or for any reason cannot be made to a participant's account, Meritain will investigate the cause and if needed, will issue and mail a reimbursement check to the participant. Until the problem is corrected, the participant will continue to receive reimbursement checks in the mail.
5. It is the participant's responsibility to notify Meritain immediately of any changes in the status of the bank account, such as a bank account closure or a change in the bank account number. Complete this form indicating the action is a change, and provide the new information. There may be up to a four (4) week processing period before the change is effective. If there is interruption in the direct deposit service, the participant will receive checks for any reimbursement claims paid during that time.
6. Participants may cancel direct deposit at any time by completing this form and checking CANCELLATION. The cancellation will take effect as of the date the participant indicates, or as soon as the form is received and processed by Meritain.
7. Meritain reserves the right to automatically cancel a participant's direct deposit services upon termination of employment or termination of a participant's VantageCare RHS account.
8. When a participant re-enrolls in an RHS in subsequent years, direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.

If you have any questions regarding this form, call Meritain at 888-587-9441.

To set up Direct Deposit for your VantageCare RHS account, please read the bottom of this form and fill in the information requested in SECTION 1 and SECTION 2. The completed form must be returned to **Meritain Health, VantageCare RHS Department, PO Box 30136, Lansing MI 48909-7611**. Alternatively, you may set up or update direct deposit via Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)). Select your RHS plan and then Claims to get to the Meritain Health claims portal.

Type of Transaction:     New     Change     Cancellation

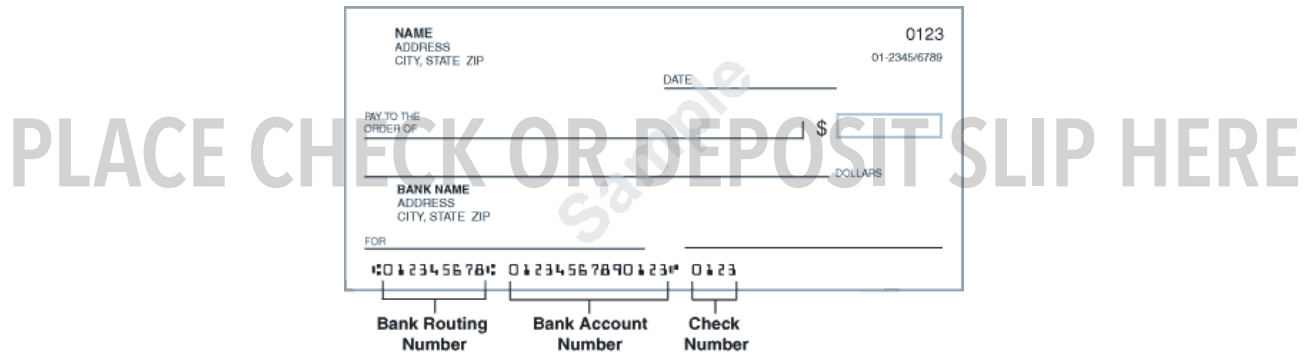
**1 DEPOSITOR INFORMATION**

EMPLOYER PLAN NUMBER:	REFERENCE CODE:	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: <small>LAST, FIRST, MI</small>			
MAILING ADDRESS:			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>

**2 FINANCIAL INFORMATION**

NAME(S) ON THE ACCOUNT:	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
BANK OR FINANCIAL INSTITUTION:	ROUTING/TRANSIT NUMBER:    ACCOUNT NUMBER:
MAILING ADDRESS:	
<small>STREET</small>	<small>CITY</small> <small>STATE</small> <small>ZIP</small>

**VOIDED CHECK (FOR CHECKING ACCOUNT) OR DEPOSIT SLIP\* (FOR SAVINGS ACCOUNT) – THIS IS REQUIRED – PLEASE PLACE DIRECTLY BELOW**



*\*If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.*

**DEPOSITOR CERTIFICATION**

I certify that I have read and understand the terms at the bottom of this form. By signing this form, I authorize my VantageCare RHS account reimbursements to be sent to the financial institution named above and to be deposited in the designated account.

Depositor's Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

Joint Account Holder's Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

**Note:** Any joint account holder **MUST** sign this form in order to be reimbursed.

**PLEASE RETAIN A COPY FOR YOUR RECORDS**