



# Direct Deposit For Your Meritain Health Claims

## For your convenience, Meritain Health offers direct deposit for reimbursement of your Medical, Dental or Vision claims.

When you submit a claim for reimbursement for an eligible medical, dental, or vision expense, the reimbursement may be directly deposited into your bank account instead of being sent to you in the mail. Following the deposit, you will receive an Explanation of Benefits (EOB) in the mail. The EOB will give you the full details of the reimbursement.

### How to sign up for direct deposit.

The next page of this flyer includes a direct deposit setup form. Complete the form and send it to Meritain Health along with a copy of a voided check showing your bank and your account number.

For your convenience you can email or fax your direct deposit setup form to:

- Fax: 1.763.852.5079
- Email: [enroll@meritain.com](mailto:enroll@meritain.com)

There is no setup fee, and you will not have to repeat the process unless you change banks or your bank account information changes.

### Questions? Contact Meritain Health using the number for customer service on your ID Card.

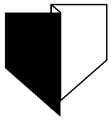
#### Meritain Health: Your connection to healthy balance

Between your job and your commitments to others in your life, your own life may be the last thing you think about every day.

Restoring balance in your life is the best reason to care for your health. In fact, it is essential.

Through our member services, Meritain Health offers ways to help you restore your balance, but it's really up to you.

Commit to healthier living. Meritain Health is committed to helping you.



**DIRECT DEPOSIT  
EMPLOYEE AUTHORIZATION AGREEMENT (ACH CREDIT/DEBIT)**

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER GROUP NUMBER:** \_\_\_\_\_

**EMPLOYEE LAST NAME:** \_\_\_\_\_

**EMPLOYEE PHONE #:** \_\_\_\_\_

**EMPLOYEE FIRST NAME:** \_\_\_\_\_

**EMPLOYEE M.I.:** \_\_\_\_\_

**EMPLOYEE ID:** \_\_\_\_\_

**EMPLOYEE E-MAIL:** \_\_\_\_\_

I hereby authorize Meritain Health, to initiate credit entries to my Personal Bank Account, and to initiate, if necessary, debit entries and adjustments for any credit activities in error to my Personal Bank Account indicated below and the financial institution named below, hereinafter called BANK to credit and/or debit the same such account.

**BANK NAME:** \_\_\_\_\_ **ROUTING NUMBER:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**BANK PHONE #:** \_\_\_\_\_

**TYPE OF ACCOUNT:**  CHECKING  SAVINGS

**ATTACH VOIDED CHECK HERE**  
*(Do not attach a direct deposit slip)*

**This authorization is to remain in full force and effect until Meritain Health has received written notification from me of its termination in such manner as to afford Meritain Health and BANK a reasonable opportunity to act on it.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please send the completed form to Meritain Health. Fax: 1.763.852.5079 or E-mail: [enroll@meritain.com](mailto:enroll@meritain.com)**