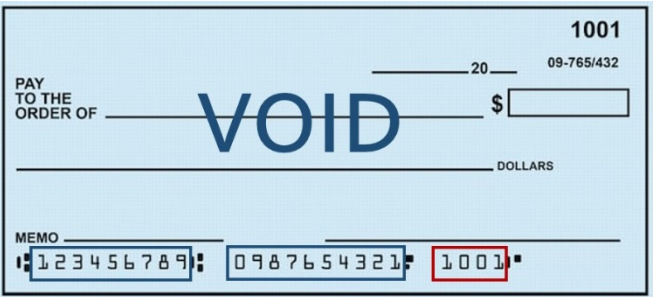


Managed Care Automated Clearing House (ACH) Reimbursement Authorization

Berkley Life and Health Insurance Company
or StarNet Insurance Company

<i>Use this form to set up or make changes to Automated Clearing House (ACH) claim reimbursements.</i>			
Check all that apply: <input type="checkbox"/> Setup ACH <input type="checkbox"/> Cancel ACH <input type="checkbox"/> Change bank <input type="checkbox"/> Change account number			Date of Request:
Section 1 – Policyholder/Reinsured Information			
Name:			
Address:			
City:		State:	Zip:
Contact Name:		Contact Phone:	
Contact Email:		Contact Fax:	
Section 2 – Bank Information			
Bank Name:		<p style="color: red; font-weight: bold;">IMPORTANT: You must attach a voided check to this form</p>  <p style="font-size: small; text-align: center;">Bank Routing Number Bank Account Number Check Number (do not use)</p>	
Street Address:			
Suite/Floor/P.O. Box:			
City:			
State:	Zip:		
Bank Routing Number (9 digits):			
Bank Account Number:			
Section 3 – Authorized Signature			
<p><i>I hereby authorize Berkley Life and Health Insurance Company or StarNet Insurance Company to make all claim reimbursement payments due under the policy/agreement listed above by ACH. This authorization will be effective until further written notice from the Policyholder/Reinsured, or another legally authorized representative, is received by Berkley Life and Health Insurance Company or StarNet Insurance Company.</i></p> <p><i>To correct any overpayments, I hereby authorize the reversal of any amounts deposited in error.</i></p>			
Signature of Authorized Representative of the Policyholder/Reinsured			Date
X _____			
Print Name		Title:	
<p><i>Please scan and email this form <u>and</u> your voided check to: BAH_ACH@BerkleyAH.com</i></p> <p>IMPORTANT: We cannot start your ACH payments without a voided check.</p> <p>Questions? Please call your broker or Berkley Accident and Health representative.</p>			