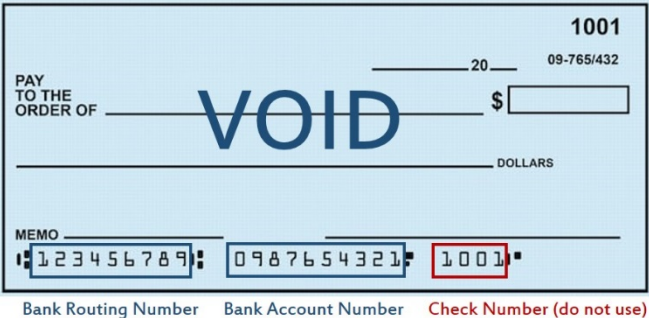


Stop Loss Claim Automated Clearing House (ACH) Reimbursement Authorization

Berkley Life and Health Insurance Company

Use this form to set up or make changes to Automated Clearing House (ACH) claim reimbursements.			
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 Information			
Policyholder Name:			
Address:			
City:		State:	Zip:
Contact Name:		Contact Phone:	
Contact Email:		Contact Fax:	
Section 2 – Bank Information			
Bank Name:		<div style="color: red; font-weight: bold; font-size: 1.2em;">IMPORTANT: You must attach a voided check to this form</div> 	
Bank Account Owner: <input type="checkbox"/> TPA <input type="checkbox"/> Policyholder			
Address:			
City:			
State:	Zip:		
Always verify your bank information with your TPA			
Bank Routing Number (9 digits):		Bank Routing Number Bank Account Number Check Number (do not use)	
Bank Account Number:			
Section 3 – Authorized Signature			
<i>I hereby authorize Berkley Life and Health Insurance Company to make all claim reimbursement payments due under the policy listed above by ACH. This authorization will be effective until further written notice from the Policyholder, or another legally authorized representative, is received by Berkley Life and Health Insurance Company.</i>			
<i>To correct any overpayments, I hereby authorize the reversal of any amounts deposited in error.</i>			
Signature of Authorized Representative of the Policyholder			Date
X _____			
Print Name		Title:	
If bank account holder is other than the Policyholder - Signature of Authorized Representative			Date
X _____			
Print Name		Title:	
Please scan and email this form <u>and</u> your voided check to: BAH_ACH@BerkleyAH.com			
IMPORTANT: We cannot start your ACH payments without a voided check.			
Questions? Please call your Berkley Accident and Health account manager.			