

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: ☐ Setup ACH ☐ Cancel ACH ☐ Change bank ☐ Change account number

Today's Date:

Section 1 – Policyholder Information

Please indicate the Primary Contact for payment inquiries

Policyholder Name:

Address:

City:

State:

Zip:

Primary Contact Name:

Contact Phone:

Contact Email:

Contact Fax:

Section 2 – Bank Information

Bank Name:

Bank Account Owner: ☐ TPA ☐ Policyholder

Address:

City:

State:

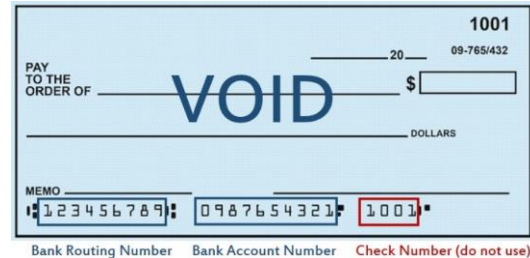
Zip:

Always verify your bank information with your TPA

Bank Routing Number (9 digits):

Bank Account Number:

IMPORTANT: You must attach either: (1) a voided check or (2) a bank verification letter showing the same information.



Section 3 – Authorized Signature

We will call you to verbally confirm your banking information, as an added layer of protection against fraud. If the person we should call to confirm banking information is different than the Primary Contact listed in Section 1, please provide their information below.

NOTE: This person should hold a financial role in your company and be familiar with your bank accounts for verification purposes.

Company Contact/Representative - Name:

Phone:

Email:

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. To correct any overpayments, I hereby authorize the reversal of any amounts deposited in error.

Signature of Authorized Representative of the Policyholder

Date

X _____

Print Name:

Title:

Phone:

If bank account holder is other than the Policyholder – Signature of Authorized Representative

Date

X _____

Print Name:

Title:

Phone:

Email this completed form AND your bank verification letter or voided check to: BAH_ACH@BerkleyAH.com.

Please allow processing time for set up before ACH payments can begin. Remember, we cannot process your request without a voided check or bank verification letter. If you have any questions, please call your Account Manager.

Completed By (Name):

Email: