



VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN DIRECT DEPOSIT AUTHORIZATION FORM

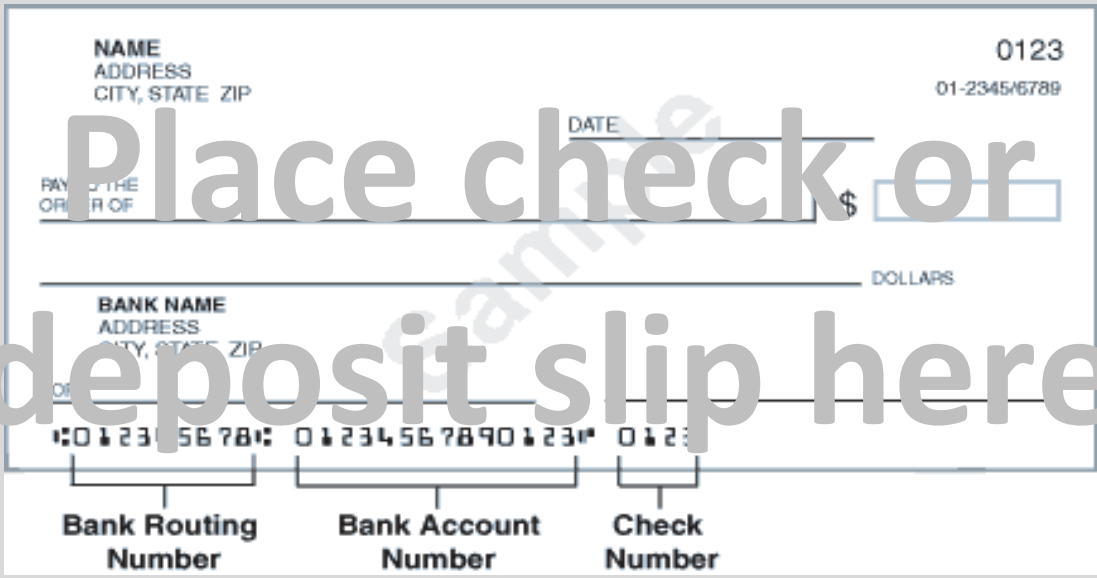
To set up Direct Deposit for your VantageCare RHS account, please read the back of this form and fill in the requested information below. The completed form must be returned to **Meritain Health, VantageCare RHS Department at PO Box 30136, Lansing MI 48909-7611**. For claim related questions, please contact Meritain Health at **1.888.587.9441**.

<i>Type of Request</i>	New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancellation <input type="checkbox"/>
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Depositor Information		Employer Plan Number: _____		Social Security Number: _____	
Name: (last, first, initial)			Work Phone: ()		
Mailing Address:			Home Phone: ()		
City: _____	State: _____	Zip code: _____	Email Address: _____		

Financial Information		Name(s) on the account: _____			
Bank or Financial Institution:			Routing/Transit Number		
Address:			Account Number		
City: _____	State: _____	Zip code: _____	Checking Account <input type="checkbox"/>		Savings Account* <input type="checkbox"/>

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 on the back 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. In the event your employer retains a new provider to administer your RHS assets, you authorize ICMA-RC and Meritain Health to release your routing number and account number to the new provider to continue directing medical expense reimbursements to your bank account.

Depositor's Signature: _____ Date: _____

Joint Account Holder's Signature: _____ Date: _____

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

VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) REIMBURSEMENT PROGRAM 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.

- 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 Health, there may be up to a four (4) 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 Health 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 Health 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 Health or for any reason cannot be made to a participant's account, Meritain Health 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 Health 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 Health.

7. Meritain Health 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 Health at **1.888.587.9441**.