

Account Funding



Employer-Maintained Bank Account

Beneliance initiates payments to participants from Employer bank account.
See next page for additional information needed.

Beneliance-Maintained Bank Account

Employer deposits funds with Beneliance from which payments to participants are made. See next page for additional information needed.

Choose One: Funding based on Claims * **

Funding Quarterly based on Annual Elections * **

Funding as Needed based on Percentage of Annual Elections * **

Funding by Contributions * **

* Minimum balance required. Based on utilization level and/or new participants added during the plan year, additional funding may be required from time to time

** Initial funding will be composed of the funding option chosen plus the debit card minimum balance

Choose One: Pay by Bank Draft

Pay by Wire

Pay by Check (not available for contribution-based funding)

Employer Self-Payment

Beneliance faxes or emails Payment Register to Employer, which then produces checks and distributes directly to participants. Beneliance does not issue payments or distribute payments to participants.

Regardless of the funding method chosen, based on when year-to-date claims exceed year-to-date contributions, additional funding will be requested immediately.

Employer Signature _____ Date _____/_____/_____
mm/dd/yy

DataPath Signature _____ Date _____/_____/_____
mm/dd/yy

Employer-Maintained Bank Account complete all information requested below.

Financial Institution Name (Please Print) _____

Address _____ City _____ State _____ Zip _____

Name on Account _____

Type of Account: Checking Savings

Routing Transit Number
(All nine boxes must be filled)

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Account Number

(Include hyphens, but not spaces and special symbols)

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Person Signing Check _____

ATTACH VOIDED CHECK. Do not attach deposit slip as it does not show the necessary information.

Beneliance-Maintained Bank Account If Bank Draft Chosen, Complete All Information Requested Below.

_____ authorizes Plan Service Provider to originate credit/debit entries to and from the below named account through the EFT Services provided by Beneliance.

Financial Institution Name (Please Print) _____

Address _____ City _____ State _____ Zip _____

Name on Account _____

Type of Account: Checking Savings

Routing Transit Number
(All nine boxes must be filled)

--	--	--	--	--	--	--	--	--

Account Number

(Include hyphens, but not spaces and special symbols)

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Information provided by (Please Print) _____

Title _____

This authority is to remain in full force and effect until Beneliance and Bank have received written notification of its termination in such time and in such manner as to afford Beneliance and Bank a reasonable opportunity to act upon it.

Signature _____ Date _____/_____/_____

mm/dd/yy

ATTACH VOIDED CHECK. Do not attach deposit slip as it does not show the necessary information.