



Dear Plan Participant:

HealthPartners offers you the opportunity to have your Flexible Spending Account (FSA), Health Reimbursement Account (HRA) and Transportation/Parking Plan reimbursements deposited directly into your bank account.

If you want to take advantage of direct deposit, you will need to complete the enclosed form, select “new” as the Type of Transactions and mail it to us at:

HealthPartners Service Center
Attn: Ed Miller
Membership Accounting
Mail Stop 21104A
P.O. Box 1309
Minneapolis, MN 55440-1309

Once the direct deposit is activated, each time a reimbursement is deposited to your bank account, HealthPartners will send you a statement advising of your deposit amount and current balance. Your reimbursement will be deposited into your bank account within two business days of your company’s scheduled processing date. Only one bank account may be designated for any or all of the reimbursement account plans.

If you have any questions about this feature, or if we can be of any further assistance to you, please contact HealthPartners Member Services at 952-883-7000 (metro area) or 1-866-443-9352 (outside metro area).

HealthPartners Member Services

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Flexible Spending Account, Health Reimbursement Account and Transportation/Parking Plan Reimbursement Direct Deposit Form

Instructions

To set up Direct Deposit please read this form and fill in the information requested in SECTION 1 and SECTION 2. To opt out of Direct Deposit, select Cancellation and fill out SECTION 1. The completed form must be returned to HealthPartners Membership Accounting Dept., Mail Stop 21104A, P.O. Box 1309, Minneapolis, MN 55440-1309.

TYPE OF TRANSACTION New Change Cancellation
(Select one)

TYPE OF ACCOUNT/PLAN FSA HRA Transportation
(Select all that apply)

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

| | |
|--|--------------------------|
| Employee Name (Last, First, Middle Initial): | Social Security Number: |
| Address: | Telephone Number (Home): |
| | Telephone Number (Work): |
| City: State: Zip Code: | E-mail address: |

SECTION 2 (FINANCIAL INSTITUTION INFORMATION)

| | | | |
|--|---------------------------------------|-----------------------------------|--|
| Name and Address of Financial Institution: | Name(s) on Account: | | |
| | Routing Number/Transit Number*: | | |
| | Account Number*: | | |
| <i>* Please attach a VOIDED check for verification or for savings account only, a deposit slip. The routing number is a nine digit number located in the bottom left hand corner of your check</i> | Savings <input type="checkbox"/> -or- | Checking <input type="checkbox"/> | |

DEPOSITOR/EMPLOYEE CERTIFICATION

I certify that I have read and understand the back of this form. By signing this form, I authorize my Flexible Spending Account, Health Reimbursement Account or Transportation/Parking Plan reimbursements to be sent to the financial institution named above and to be deposited in the designated account.

Signature _____ Date _____

JOINT ACCOUNT HOLDER'S CERTIFICATION

Signature _____ Date _____

TERMS AND CONDITIONS FOR PARTICIPATING IN DIRECT DEPOSIT

Participants in the FSA, HRA and or Transportation/Parking 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 Direct Deposit program. You do not have to participate in the Direct Deposit Program in order to have an FSA, HRA or Transportation/Parking Plan. Only one bank account can be designated by the participant to receive direct deposits for any or all of the reimbursement account plans.

1. In order to take advantage of the Direct Deposit program, the 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 Direct Deposit Program. A signed and dated form is required for processing. If participants have a joint account, the form must be signed by both parties. Once your form is received by HealthPartners, there may be up to a four (4) week administrative processing period before implementation of the Direct Deposit Program. Participants will receive checks for any reimbursement claims paid during this processing period.
3. HealthPartners 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 account. The standard turnaround time for deposit into your account is 48 hours from the time HealthPartners 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 HealthPartners or for any reason cannot be made to a participant's account, HealthPartners 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 HealthPartners immediately of any changes in the status of the bank account, such as a bank account closure or 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 HealthPartners.
7. HealthPartners reserves the right to automatically cancel a participant's direct deposit services upon termination of employment or termination of a participant's flexible spending account.
8. When a participant re-enrolls in an FSA, HRA and or Transportation/Parking Plan 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 HealthPartners Member Services at 952-883-7000 (metro area) or 1-866-443-9352 (outside metro area).