

PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

DIRECT DEPOSIT QUESTIONS AND ANSWERS

The Personal Choice Account, offered by Regence Life and Health Company is pleased to offer the option of making reimbursement payments directly to a participants checking or savings account (direct deposit). This option is offered for no additional charge. The following are a few frequently asked questions. If you have additional questions, please feel free to contact us at 800-334-4340.

WHAT IS THIS DIRECT DEPOSIT OPTION AND HOW DO I SIGN UP FOR IT?

We have enhanced our system to enable us to send reimbursements by check or deposit the funds directly to the participants checking or savings account.

A participant must complete a direct deposit authorization form and attach a voided check for a checking account or a **savings deposit slip** for a savings account. A **deposit slip** cannot be used for a checking account. It **must be** a voided check. Any authorizations submitted without the proper documentation will not be processed.

These authorizations must be mailed to us at PO BOX 3199, Portland Oregon 97208-3199. They cannot be faxed.

HOW WILL PARTICIPANTS KNOW THAT THEIR REIMBURSEMENT REQUEST HAS BEEN PROCESSED IF THEY ARE NOT GETTING A CHECK IN THE MAIL?

With each reimbursement that is processed, the participant will still receive an explanation of reimbursement showing the amount processed and reimbursed. In place of a check a notification of deposit will be included.

HOW OFTEN CAN A PARTICIPANT CHANGE THEIR DIRECT DEPOSIT AUTHORIZATION?

Once a participant signs up for the direct deposit option, direct deposits will continue until they notify us in writing of any change. Participants won't have to complete a new authorization during the open enrollment unless they want to change their account information or stop the direct deposit option.

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AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSITS

Name of Employer		
Name		Social Security Number
Address		Daytime Phone
City	State	Zip

DEPOSITORY INFORMATION

Financial Institution		
Account Number		Branch
City	State	Zip
Type of Account (Please check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I wish to have my flexible spending account reimbursements deposited directly to my checking or savings account. I hereby authorize the Personal Choice Account (PCA) to originate an electronic credit transaction to my bank or credit union account as indicated below and to credit the same to such account. In the event that a payment is credited to my account in error, I will be given written notice of the error. I hereby authorize PCA to deduct from my account for any payments credited to my account in error. In the event that a legal proceeding is filed in court to recover the amount of overpayment, the prevailing party shall also be entitled to an award of reasonable attorney fees and costs. This authority is to remain in full force and effect until I notify PCA in writing of my request to discontinue direct deposit and PCA will act upon this request within 5 business days following receipt of my request.

Signature _____

Date _____

<p>For direct deposit account verification attach a:</p> <ul style="list-style-type: none">▪ VOIDED CHECK for automatic checking account deposit <i>or</i>▪ SAVINGS ACCOUNT DEPOSIT SLIP for automatic savings account deposit <p style="text-align: center;">ATTACH HERE</p> <p style="text-align: center;">Note: Do not attach a deposit slip for a checking account</p>
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