

Stop Loss Claim Reimbursements Electronic Funds Transfer (ACH) Authorization Request Form

Contractholder Information

Contractholder: _____ Contract Number: _____

Banking Information

Bank Name: _____ Phone Number: _____

Branch Address: _____

Account Number: _____ Routing Number: _____

Account Name: _____

Notifications

Please provide email addresses to which you would like iiSi to send claim reimbursement notifications. Notifications will include reimbursement amount, date sent, and copies of related EORs.

Note: EORs contain Personal Health Information (PHI).

Email 1: _____

Email 2: _____

Email 3: _____

By signing below, I certify that:

I am duly authorized by the Contractholder to direct iiSi to transfer stop loss reimbursements via ACH directly into the above-referenced bank account.

And

The above-referenced bank account is held in the Contractholder's name.

Or

The above-referenced bank account is held in the Administrator's name in trust for the Contractholder.

Signature of Authorized Individual/Fiduciary

Date

Print Name & Title

Please submit completed forms to: accounting@iisinet.com