

Corporate Health Systems, Inc.
Reimbursement Account Authorization Form
AUTOMATIC DIRECT DEPOSIT

EMPLOYEE NAME:	(Last)	(First)	(MI)
TELEPHONE NUMBER:	()		
SOCIAL SECURITY NUMBER:			
EMPLOYER:			
DIVISION OR LOCATION:			

FINANCIAL INSTITUTION:	BRANCH:										
CITY:	STATE:										
	ZIP:										
<input type="checkbox"/> CHECKING (Attach a Voided Check)	<input type="checkbox"/> SAVINGS										
For Savings Only: indicate 9-digit Routing/Transit Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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I hereby authorize Corporate Health Systems, Inc. to deposit reimbursements from my Reimbursement Account directly into my checking or savings account indicated above. I also authorize the financial institution named above to accept my deposits and to credit the amount to my account. This authority will remain in effect until Corporate Health Systems, Inc. has received written cancellation notice from me in such time and such manner as to afford my employer a reasonable opportunity to act upon it.

Date: _____ Signature: _____

Please note: The first time a reimbursement is made on an Automatic Direct Deposit basis, your financial institution will process the reimbursement as a trial run. The funds will not actually be deposited to your account. Instead you will be issued a reimbursement check that you will have to cash and deposit yourself. After the trial run all subsequent reimbursements will be deposited directly into your account. Remember to attach a voided check if you want deposits made to your checking account.

AUTOMATIC DIRECT DEPOSIT
Another Convenient Feature of Your Reimbursement Account

You have the option to have your Reimbursements automatically deposited into your checking or savings account. This added service is designed to save you time handling your reimbursements from the plan. Instead of receiving a check for your Reimbursement, which you need to take to your bank or credit union to deposit, you will receive a notification stating the amount that has been deposited directly into your checking or savings account. You will continue to receive the flexible spending account summary highlighting the activity of your Reimbursement account(s) from Corporate Health Systems, Inc.

To sign up for Automatic Direct Deposit:

- ◆ Fill out the form completely, including: your name, Social Security number, telephone number, name and location of your financial institution and the name of your employer, including your division or location.
- ◆ Mark the appropriate box to indicate whether your Reimbursements will be deposited to your checking or savings account. If Savings, please indicate the 9 digit Federal Routing/Transit Number of your account.
- ◆ Attach a voided check to the form if you want Reimbursements deposited in your checking account.
- ◆ Sign the form and mail it along with the voided check to:

Corporate Health Systems, Inc.
P.O. Box 46390
Eden Prairie, MN 55344-6390

If you participated in this option with Corporate Health Systems, Inc. last plan year and your banking information has not changed, you do not need to complete this form again as your banking information is still on file.