



Claimants Rights to Direct Deposit

- This form is optional, but you have the right to receive your workers' compensation indemnity benefits or death benefits in the form of direct deposit. You also have the right to receive your workers' compensation indemnity benefits or death benefits by paper check in the mail.
- You have the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to your workers compensation adjuster. The request will be implemented within 45 days of receipt of notice, and therefore payment of benefits will be sent by paper check until processed.

Authorizations and Understandings

- I authorize the claim administrator to directly deposit my workers' compensation indemnity benefits or death benefits into the specified bank account(s).
- I authorize the claim administrator to debit the account in order to recover any credits deposited in error. The claim administrator may recover credits deposited in error by any lawful means.
IMPORTANT: This consent does not authorize the claim administrator to recover alleged over payments of established and awarded benefits.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify the insurance carrier, self-insured employer, or third-party administrator (TPA) (Claims Administrator) of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that in order to change or cancel the direct deposit for my workers' compensation indemnity benefits or death benefits, I need to submit this form to the claims administrator.
 - I understand that I have an obligation to immediately notify the claim administrator if I am not longer entitled to such payment, or of change in circumstances which affect my entitlement to such payment
 - I understand that the claim administrator may require me to certify annually that I continue to elect the receipt of such benefits by direct deposit, and that IF I fail to do so, the claim administrator may discontinue direct deposit and thereafter provide benefits by paper check.



Direct Deposit Authorization Form

I hereby authorize GuideOne Insurance to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my checking or savings accounts as indicated below and the Financial Institution named below to credit and/or debit the same to such account. I acknowledge that the origination of the EFT transactions to my account must comply with the provisions of the US Law.

New Enrollment
 Change
 Cancel

SECTION 1 (TO BE COMPLETED BY CLAIMANT):

Depositor/Claimant Name (Last, First)	WCB Claim Number		
Phone Number	E-mail Address:		
Address:	City	State	Zip
Depositor/Claimant/Joint Account Holder Certification: I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits has not changed. I understand that the claim administrator may request an annual certification of continued entitlement of such payments or benefits and that such certification must be provided within 60 (sixty) days in order to continue payments by direct deposit.			
Depositor/Claimant Certification Signature:		Date	
Joint Account Holder Certification Signature:		Date	

SECTION 2

Please check with your financial institution to complete the requested information in this section. The depositors name **MUST** appear on the account. (Please include a voided, pre-printed check)

Name of Financial Institution:	Account Type: ___Checking ___Savings___% Deposited
Depositors Account Number	Routing Number:

Name of Second Financial Institution:	Account Type: ___Checking___Savings___% Deposited
Depositors Account Number:	Routing Number: