

**Skip the form!**

Log into your Emeriti RHSP online account at **MyEmeritiHealth.org**, or the **HRAgo<sup>®</sup> mobile app** to set up and authorize your electronic transfers. You can also mail your completed form to:  
**Emeriti RHSP, PO Box 4391 Clinton, IA 52733.**



Complete and sign this **Electronic Banking Authorization Form** to provide Emeriti's recordkeeping and administration services provider, OneBridge Benefits Inc., and any successor Emeriti recordkeeping and administration services provider (the "Emeriti Recordkeeper") with banking authorization to facilitate the following electronic transfers (ACH) on your behalf:

- **Direct deposit of qualified medical expenses or premiums according to your RHSP plan into your selected bank account, and for participants with health insurance coverage through the RHSP program, debit of funds from your selected bank account to pay insurance premiums on your behalf (required).**

**1 Plan Participant Information**

Account Number or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name (please print): \_\_\_\_\_ Last Name (please print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email (if available): \_\_\_\_\_

**2 Financial Institution (Banking) Information**

Bank Name: \_\_\_\_\_ Account Type (check one): ☐ Checking ☐ Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Information you provide above will supersede any previous banking information on file. Please be sure to inform the Emeriti Customer Care Center whenever any of the banking information listed above changes.

**3 Participant Authorization**

- This authorization is to remain in full force and effect until the Emeriti Recordkeeper has received written notification of revocation from me, and in such time and manner as to afford the Emeriti Recordkeeper and my Financial Institution a reasonable opportunity to act on the change.
- I understand that I must promptly provide updated information to the Emeriti Customer Care Center if any of the above banking information changes. I acknowledge that if a deposit is returned from my Financial Institution, then the Emeriti Recordkeeper will mail a check to the most current address on file.
- I authorize the Emeriti Recordkeeper to initiate direct deposits into my selected banking account with the Financial Institution named above for reimbursement of qualified medical expenses deducted from the available balance in my Emeriti Benefits Account.
- I authorize the Emeriti Recordkeeper to initiate, if necessary, any adjustments or refunds of my Emeriti benefits electronically (ACH) to and from my selected banking account.
- **For Participants with health insurance coverage through the RHSP Program:** If I have health insurance coverage through the RHSP Program, in addition to the authorizations above, I further authorize the Emeriti Recordkeeper to initiate debits (via ACH transfer) from my above specified bank account in order to pay my premiums in the event there are insufficient funds in my Emeriti Benefits Account to cover the full premium payment. I understand that the amount debited from my specified bank account will be an amount equal to the difference between the available balance in my Emeriti Benefits Account and the premium payment amount due. I further understand that the funds debited from my specified bank account will be deposited into my Emeriti Benefits Account and held in cash (and not invested in any investment option) until used to pay my premium. I acknowledge and agree that I am responsible for assuring there are sufficient funds available in my bank account at the time of any permitted electronic debit.
- I acknowledge that all electronic transfers to and from my specified banking account must comply with applicable U.S. Law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_