Direct Deposit Enrollment and Authorization Form for New York Disability Benefits Law ("DBL") and Paid Family Leave ("PFL") Claims Payments

INSTRUCTIONS

PLEASE PRINT ALL INFORMATION LEGIBLY. This form must be fully completed, signed, and dated to be valid. Incomplete or ineligible submissions are unable to be processed and will not be accepted.

Eligibility for Direct Deposit: ShelterPoint Life Insurance Company ("Company") offers Direct Deposit Payments for continuous DBL and PFL claims where benefit payments are being issued directly to the claimant/employee.

Direct deposit is not currently available for non-NY coverages, in situations where leave is being claimed intermittently, or where the Company is reimbursing your Employer due to continued payment of wages. As a result, direct deposit will not be implemented in these situations, and direct deposit payments will stop if your claim converts from continuous leave to intermittent leave and any future benefit payments due under the claim will be issued via check. In the event that a direct deposit payment is rejected due to inaccurate banking information, the rejected payment and any future benefit payments due under the claim will be issued via check until the bank information is corrected and an updated Enrollment and Authorization Form is submitted.

Required information: you must supply all requested information on this form. Fully completed, signed and dated forms may be sent to ShelterPoint Life by any one of the below listed methods:

- Submit electronically through our claimant portal
- Email to: claimforms@shelterpoint.com
- Fax to: 516-504-6414
- Mail to: ShelterPoint Life, 1225 Franklin Avenue-Ste 475, Garden City NY 11530

If you have any questions regarding this form, please contact our Customer Service Department at 1-800-365-4999 during normal business hours. **Please allow up to 10 business days for set up of your direct deposit request.**

REQUIRED INFORMATION (please print all information LEGIBLY)

1. **Claimant Name (First name, Last name)**

2. **Social Security Number or I-TIN** (9 digits)

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3. **ShelterPoint Life Claim Number(s)**

4. **Account Type**

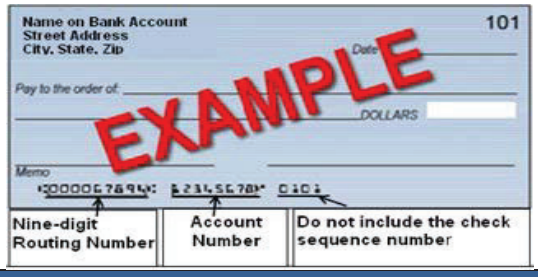
☐ Checking Account ☐ Savings Account

5. **Banking Information**

Bank Name: _____

Bank Routing Number (ABA#):_____

Bank Account Number:_____



AUTHORIZATION AND SIGNATURE

I authorize ShelterPoint Life Insurance Company ("Company") to deposit any benefits I am eligible to receive directly into the bank account I have indicated above or to such other account as the bank or any successor bank designates as my account. I also authorize the Company to debit my account for any deposits made in error, or the Company reserves the right to request the return of such funds through other mechanisms.I also understand that the direct deposit service will stay in effect until I notify the Company in writing of cancellation or until I am no longer eligible for or due payments, whichever comes first. I acknowledge that if I am also covered under another ShelterPoint Disability / Paid Leave policy, this request will also apply to any other current open claim(s) that are eligible for direct deposit, if approved by the Company. I understand that I have the opportunity to view my EOBs and payment history via claims portal registration on shelterpoint.com.

☐ Check this box if you **do not** want to receive paper EOBs in the mail if your direct deposit request is approved.

Claimant Signature	**Date (mm/dd/yyyy)**