



## RECURRING INDIVIDUAL PREMIUM REIMBURSEMENT REQUEST

(Former) Employer Name:	From what initial date would you like reimbursements of your premium(s) to start?
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### Retiree/Employee Information

Retiree/Employee Name:	Last 4 of Social Security #:
Home Address:	Retirement Date:
Email:	Phone:

### Individual Policy Information – This is required information and must be filled out completely to process your request.

Name of Insured Person:	
Name of Insurance Carrier:	
Type of Coverage:	
Plan Year/Policy Start Date:	Plan Year/Policy End Date*:
Total Monthly Individual Premium Amount Requested: _____	
Select Option for Receiving Reimbursement: ____ <b>ACH TO EXTERNAL ACCOUNT OF FILE</b> ____ <b>TRANSFER TO NORTH SHORE BANK ACCT #</b> _____	

### Employee Acknowledgement of Recurring Premium Reimbursement Request

Please initial next to each line to indicate you acknowledge the terms of this recurring premium reimbursement request.

\_\_\_\_\_ I understand that insurance premium claims are considered to be incurred on the first day of the month of coverage and that I cannot be reimbursed for expenses prior to that, regardless of the date the insurance bill was paid.

\_\_\_\_\_ I have attached a proof of my insurance coverage that includes the type of coverage, premium amount and contract period. Acceptable documents include a letter from the insurance company that includes the above information, a copy of a contract renewal letter or a letter from the former employer sponsoring the plan.

\_\_\_\_\_ \*I understand that I will be set up for recurring reimbursement until the plan year/policy end date, when the rates will most likely change. I understand that I will need to complete a new form and send proof of insurance coverage when my insurance premiums change at the end of the plan year/contract or for any other reason.

\_\_\_\_\_ I understand that I am required to have direct deposit set up with North Shore Bank to receive claim reimbursements.

\_\_\_\_\_ In the event that my coverage is terminated for any reason, I am required to inform North Shore Bank within five (5) days of the termination so that future reimbursements can be stopped.

\_\_\_\_\_ I certify the above information is correct and the expenses claimed will incur on a regular basis by me or my eligible dependents after my effective date of coverage in my employer's Post Employment HRA Plan. I certify these expenses are not eligible for reimbursement under any other plan, and comply with the requirements of this plan. I have not and will not claim these expenses on my personal income tax return and I certify, to the extent required by federal law, that I will file the designated form with the IRS by April 15 of the year after the expenses were incurred.

### EMPLOYEE CERTIFICATION OF RECURRING EXPENSES AND CLAIMS FOR REIMBURSEMENT

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to:

Fax: 262-787-6802

Mail: North Shore Bank, Retirement Services STE 400, 15700 W Bluemound Rd., Brookfield WI 53005

Questions: 414-964-3390



Office use only:
<input type="checkbox"/> Prenote
<input type="checkbox"/> 457 All
<input type="checkbox"/> PEHP All
<input type="checkbox"/> PEHP Monthly

## ACH Credit Authorization

If you are updating your new amount and are already signed up for direct deposit, you do not have to complete this form. We will continue to deposit reimbursements to the bank account on record.

### Credit Authorization

I (we) hereby authorize North Shore Bank Retirement Services to credit my (our) indicated account per the Instructions. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply NACHA regulations, OFAC and U.S. Law.

*Please attach a copy of a voided check if you are electing to have reimbursement sent to a checking account.*

*\*If you are electing to use your savings account please contact your bank for the Transit ABA Routing Number.*

This account is (Please check one of the following options) New  Change  Cancel  Name of Bank: \_\_\_\_\_

Transit ABA Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type  
(Checking or Savings\*)

**Attach  
Voided Check  
OR  
Savings Deposit Slip  
HERE**

Bobby Brady 123 Main Street Anywhere, USA 55439	<b>3448</b> 7-1-945
Date _____	
Pay to the Order of _____	
_____ Dollars	
For _____	
:091000019 : 3564895891" 3448	

(Routing Number)

#### Instructions

1. The Credit will take place to my account after a Reimbursement Request is completed along with the supporting receipts for request has been received.
2. One time Disbursements received before Noon on Friday will have their bank account credited by the following Friday.
3. Monthly Disbursement requests will take place on the 10<sup>th</sup> of every month. If the 10<sup>th</sup> falls on a non business day, the deposit will take place the business day before the 10<sup>th</sup>.
4. If this request is for a 457(b) Plan distribution request, please allow 4 business days for the credit into your account.

I (we) understand that this authorization also allows for ACH reversals to be originated in order to correct errors.

This authority is to remain in full force and effect until North Shore Bank has received written notification from me (us) of its termination in such time and manner as to afford North Shore Bank the opportunity to act on it.

I (we) will notify North Shore Bank two weeks prior to any updated bank account information.

Signature _____	Date _____
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