

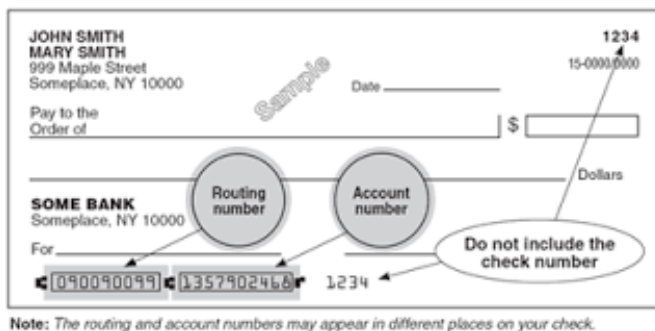


GROUP DISABILITY INCOME INSURANCE
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

POLICYHOLDER THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC. (CSEA)

POLICY NUMBER G-11628-0

To enroll in the Electronic Funds Transfer (EFT) payment service, please provide the following information. Your benefit payment can be deposited into your checking or savings account. It is important that you check with your bank to obtain the correct bank transit routing number and account number for direct deposit. Please note that a deposit slip does not contain acceptable banking information. If you have any questions, please contact us at customer care@pearlcarroll.com or 800-697-2732.



SECTION A - MEMBER INFORMATION

Member Name (Last, First, MI)

Mailing Address (Street, Apt #, City, State, Zip)

Email Address

Daytime Phone (check one) Mobile Home Work

SECTION B - BANKING INFORMATION

Bank Name

Bank or Branch Address (City, State)

Type of Account

Checking Savings

Branch Phone

Bank Transit Routing Number (9 Digits)

Bank Account Number

SECTION C – PAYMENT PLAN AGREEMENT

I authorize the Plan Administrator, Pearl Carroll & Associates, to make electronic fund deposits of my disability benefit payment to my bank account. I understand that any deposit made to an inactive account will be returned to the Plan Administrator and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my bank account in error, I authorize the Plan Administrator to withdraw any payments necessary in order to assure the accuracy of my claim payments. I understand I will be advised in advance of any overpayment correction.

I understand that I can cancel this authorization at any time by giving the Plan Administrator written notice.

Member's Signature

Date

Return completed form to:

PEARL CARROLL & ASSOCIATES – CLAIMS DEPARTMENT, 12 CORNELL ROAD, LATHAM, NY 12110

Forms may be faxed to **518-640-8105** or emailed to **CUSTOMERCARE@PEARLCARROLL.COM**