

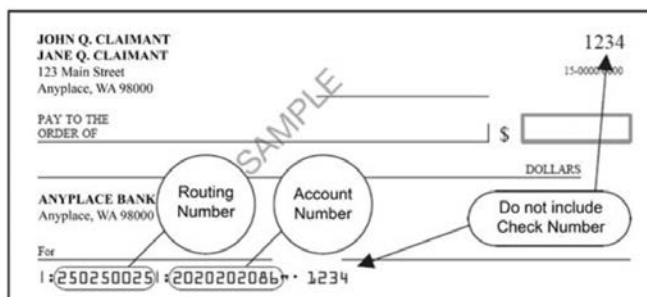


**SECTION B – ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

FAX forms to: **518-640-8105** or EMAIL to: **CLAIMS@PEARLINSURANCE.COM**  
or MAIL to: PEARL INSURANCE – CLAIMS DEPARTMENT, 13 AIRLINE DR, ALBANY, NY 12205

To enroll in the Electronic Funds Transfer (EFT) payment service, please provide the following information. Benefit payments 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 CLAIMS@PEARLINSURANCE.COM or 800-697-2732.



**MEMBER INFORMATION**

Member (Policy Owner) Name (Last, First, MI)

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

Email Address

Daytime Phone (check one)  Mobile  Home  Work

**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

**PAYMENT PLAN AGREEMENT**

I authorize the Plan Administrator, Pearl Insurance, 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 (MM DD YYYY)