Swiss Re Corporate Solutions

ACH Claim Payment Authorization

Policyholder name, *as it appears on the W9*:

Name of authorized policyholder representative:

The ACH payment will be sent to the following account:

Bank name: Savings Checking

Bank Address:

Account holder name:

9 Digit Routing number: Account number:

Claim payment details will be provided to the entity or individual submitting the claims to Swiss Re Corporate Solutions America Insurance Corporation (AIC). Additionally, I authorize the following to receive such details, including Personal Health Information (PHI). *Please complete an additional form if other recipients are to be included.*

Producer contact(s) authorized to receive Personal Health Information (PHI):

Name: Name:

Title: Title:

Email: Email:

TPA name:

Policyholder contact(s) authorized to received Personal Health Information (PHI):

Name: Name:

Title: Title:

Email: Email:

As an authorized representative for the above-listed Policyholder, I give express permission for Swiss Re Corporate Solutions America Insurance Corporation (AIC) to utilize ACH wire transfers for the reimbursement of claims. By signing and submitting this form, the Policyholder agrees it is obligated to timely provide AIC with any changes to its account information or other designations above. *Please note, signature must be completed by a Policyholder contact, Administrator representative signatures will not be accepted.*

Authorized Policyholder Contact Signature: Date:

For any questions contact our Technical Accounting team via AH_Accounting@swissre.com or your assigned Account Manager.