

ACH Claim Payment Authorization

I (print name) _____, with _____ (company name)
hereby give permission for Swiss Re Corporate Solutions to process an ACH wire transfer for the
reimbursement of claims.

The ACH Payment will be sent to the following account number and routing number:

Routing # _____ (must be 9 digits)
Account # _____ Savings _____ Checking _____

Bank Name:

Bank Address:

Payment Details should be sent to:

Producer contact authorized to receive Personal Health Information (PHI)

Name:

Title:

Email:

TPA name:

Please list any additional contacts below:

Policyholder contact authorized to receive Personal Health Information (PHI)

Name:

Title:

Email:

Authorized Signature

Date

Please complete and return to:

Swiss Re Corporate Solutions

Attn: David Beltramello

david_beltramello@swissre.com