

## SHPS, Inc. ELECTRONIC FUND TRANSFER (EFT)

SHPS.net is pleased to present Electronic Funds Transfer – a simple solution for you to expedite your claim payments. With EFT, you can begin receiving your claim payments within a few days after your claim is processed.

Please read the following information prior to completing the SHPS.net EFT Form. If you have any questions, please call 1-800-682-2363.

### EFT Account Setup

Once account information is received, we record, validate, and update each EFT participant's record with the routing number and account number. The file is then put into a "pre-note" status for a period of 10 days. Pre-noting an account is the process of forwarding a zero payment transmission to the account to verify the accuracy of the account information. If the transmission is not rejected within the 10-day period, the information is considered accurate. Once the pre-note period expires, all claim payments will be issued via EFT.

### Payment Notification

Without the use of EFT, checks are attached to an Explanation of Benefits (EOB) statement detailing the claim payment. With the use of EFT, claim payments may or may not result in receipt of an EOB. The following details the notification process with EFT:

- **Total Expense Paid** – An EOB will not be issued. Your bank statement will reflect the EFT deposit. You can access claim payment and balance information via mySHPS at [www.shps.net](http://www.shps.net) or via AccountLINK, our Interactive Voice Response telephone system.
- **Partial Payment** – An EOB is issued detailing the reason for partial payment. mySHPS or AccountLINK can be accessed to determine method of payment.
- **Full Denial** – An EOB is issued detailing the reason for claim denial.

### E-mail Notification

Beginning 1-1-2001, if you provide SHPS with your e-mail address, we will provide you with online daily reimbursement activity and account activity statements. With e-mail communications, you can receive a complete EOB statement (total expense paid, partial payment, or full denial) whenever claim activity is processed against your account.

### How to complete the EFT form

- Provide all of the personal information, including your Social Security Number, in the allocated section. To begin receiving your account reimbursement statements via e-mail, you must provide your e-mail address.
- **Section A** – Must be completed for processing. Enter the banking information from your check in accordance with the example.
- Tape a copy of a voided check or deposit slip in the lower left corner. The tape should be placed on top of the check horizontally, corner to corner. **Do Not Staple.**
- Select the account type: Checking or Savings. (Check one box only.)
- For savings accounts, please note that you must verify the Transit/ABA Number and the bank account number with your bank.
- Sign the Employee Authorization section, as processing cannot begin without a signed form.
- Validate all information and mail the completed and signed SHPS.net Electronic Fund Transfer Form to the address provided on the form.
- E-mail address information should be in the following format: \_\_\_\_\_(Name)@\_\_\_\_\_(Location).\_\_\_\_\_(Extension). Example: JBENEFIT@SHPS.NET

# SHPS, INC. ELECTRONIC FUND TRANSFER AGREEMENT FOR PREAUTHORIZED PAYMENT

PLEASE PRINT CAREFULLY IN CAPITAL LETTERS

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	DATE OF BIRTH
EMPLOYEE SOCIAL SECURITY NUMBER  ____ - ____ - _____	* EMPLOYEE E-MAIL ADDRESS		

\* Full Payment Explanation of Benefits statements will not be provided without an e-mail address.

John Benefit  
111 Sundry Drive  
LaLa, CA 84564-001

5365  
20

PAY TO THE ORDER OF \_\_\_\_\_

FINANCIAL INSTITUTION  
HOMETOWN, USA 12345

FOR \_\_\_\_\_

EXAMPLE

: 123456789: : 12345678910: 5365

ABA NUMBER    ACCOUNT NUMBER    CHECK NUMBER

A

BANKING INSTITUTE NAME

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CITY

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STATE                      ZIPCODE                      TRANSIT/ABA NUMBER

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BANKING ACCOUNT NUMBER

### EMPLOYEE AUTHORIZATION

I authorize SHPS, INC. to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and First Union to credit and/or debit the same to such account. I authorize SHPS, INC. to debit my Flexible Spending or Reimbursement Account in the amount of **\$7.50** per failed transaction, if any of the account or routing banking establishment information I provide to SHPS, INC. is invalid, causing a rejection against my checking or savings account. This authorization will remain in full force and effective until written or electronic notification has been received by SHPS, INC. After such notification, I will allow reasonable time for SHPS, INC. to adjust my records accordingly.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE TAPE A COPY OF THE VOIDED CHECK OR DEPOSIT SLIP IN THE SPACE PROVIDED BELOW FOR VALIDATION OF INFORMATION

ATTACH VOIDED CHECK (FOR CHECKING ACCOUNT)  
OR DEPOSIT SLIP (FOR SAVINGS ACCOUNT) HERE

Section A - must be completed to initiate processing.

Incomplete forms will be returned.

Tape top of check or deposit slip horizontally, corner to corner.

ACCOUNT TYPE (SELECT ONLY ONE)

CHECKING	SAVINGS
<input type="checkbox"/>	<input type="checkbox"/>

PLEASE MAIL COMPLETED FORMS TO:

SHPS, INC.  
FSA PROCESSING CENTER  
PO BOX 34700  
LOUISVILLE, KY 40232-4700

EFTNET1.1