

Electronic Fund Transfer (EFT)/Direct Deposit Authorization Form

The undersigned Foreign Service Benefit Plan Member (“Member”) hereby: (1) authorizes Aetna Life Insurance Company and its affiliates (Aetna) to make payments by Electronic Fund Transfer (EFT), (2) certifies that Member has selected the following depository institution, and (3) directs that all such EFT payments be made as provided below. When properly executed, this Authorization will become effective within thirty (30) days after its receipt by Aetna. Member agrees to refund to Aetna any payments made to Member erroneously by Aetna.

Enrollee (Last, First, MI)		Member ID Number	
Address			
City		State	ZIP Code
Email Address (REQUIRED)		Telephone Number	
Bank Name		Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
Routing Number (9 digits)		Account Number	
Name on Account			
<input type="checkbox"/> Initial Request <input type="checkbox"/> Change of Information <input type="checkbox"/> Termination Request			
To ensure the correct banking information is entered into our system, please staple a Voided Check or Savings Withdrawal Slip here (please do not cover any information with your slip). If a Voided Check of Savings Withdrawal Slip is not available, please attach a letter from your banking institution indicating the appropriate account and financial institution routing numbers.			

This authorization will remain in effect until Aetna receives notification of termination of this form from the Member. Member will provide thirty (30) days advance notice in writing to Aetna of termination or any changes in the depository institution or other payment instructions. Only one bank account per family is permitted. Before submitting this Authorization Form, Member should check with the banking institution to verify that it will be able to receive Automated Clearing House (ACH) transactions and if there are any associated fees for this service. Member agrees that Aetna will not be responsible for any such fees.

Your Explanation of Benefits (EOB) will be available to you on Aetna Navigator and will no longer be mailed to you. Please access fsbphhealth.com and log on to Aetna Navigator to view your Explanation of Benefits.*

Enrollee Signature	Date
Name	

Mail your completed form to: FOREIGN SERVICE BENEFIT PLAN
 PO Box 14079
 Lexington, KY 40512-4079
 Fax: (959) 282-1516

* If you would like to continue to receive a paper copy of your EOB, please check here.