

Authorization Agreement for Electronic Funds Transfer

Ameritas Life Insurance Corp.



Section 1 Provider Name _____

Section 2 Provider Federal Tax Identification (TIN) _____
National Provider Identifier (NPI) _____

Section 3 Provider Contact Name _____ Email Address _____
Telephone Number _____ Fax Number _____

Section 4 I authorize **AMERITAS LIFE INSURANCE CORP.** (hereinafter the Company) to initiate deposit of funds into my checking/savings account indicated below, and the named financial institution below to post the same to such account.
Financial Institution Name _____
Street _____
City _____ State/Province _____ ZIP Code/Postal Code _____
Financial Institution Routing Number _____
Type of Account at Financial Institution (check one) Checking Savings
Provider's Account Number with Financial Institution _____
Account Number Linkage to Provider Identifier (TIN) _____

Section 5 Reason for Submission New Enrollment Change Enrollment Cancel Enrollment
Authorized Signature _____

PLEASE ATTACH A VOIDED CHECK. FOR SAVINGS ACCOUNT ONLY ATTACH A DEPOSIT SLIP. After receiving a completed authorization agreement, it may take up to 30 days to begin making electronic funds transfers.

Disclosure This authority is to remain in full force and effect until the company has received a written termination notification from me. Said written termination notification must set out an effective termination date and must be received by the company 30 days prior to the set termination date. In no event shall the termination be effective with respect to entries processed by the company prior to the termination date set out in said notification. In the event the depository institution account has been inactive for one year, the arrangement will be stopped and a new authorization agreement must be submitted to the company. In the event the provider's office has a partnership, it is the office's responsibility to notify the company of changes to the partnership.

I further authorize the company to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the aforesaid depository institution to accept and to credit or debit the amount of such entries to my account.

In the event that I identify an erroneous entry, I shall, within fifteen calendar days following the date of which the depository institution sends to me a statement of account or a written notice pertaining to such entry, send to the deposit institution a written notice identifying such entry, stating that such entry was in error and requesting the depository institution to reverse the amount thereof to such account.

I have the right to stop payment of any entry by notification to the depository institution prior to posting the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the operating rules of the National Automated Clearing House Association (NACHA) as amended by the rules of the Mid-America payment exchange, as now or hereafter in effect, and agrees to be bound thereby.

I understand that the company is providing this electronic funds transfer agreement without charge and, that, the company will not be liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

tips for filling out this form

How to Speed Processing

Missing or incomplete information will slow down processing. Please complete this form in its entirety.

Mail, fax or email completed Authorization Agreement for Electronic Funds Transfer form, along with a voided check or deposit slip, to:

Ameritas
Attn: EFT Team
P.O. Box 82520
Lincoln, NE 68501
Toll Free: 800-487-5553
Fax: 402-309-2580
Email: group@ameritas.com

Contact your financial institution to arrange for the delivery of the required elements necessary to receive EFT payments.

Promptly inform us of any changes in your banking information. Fax or send changes to the attention of the EFT Team at Ameritas, P.O. Box 82520, Lincoln NE 68501 (fax: 402-309-2580) (email: group@ameritas.com).

We will stop the electronic deposit of funds to your account(s) upon receipt of written notification from you. Notification must be faxed or sent to the attention of the EFT Team at Ameritas, P.O. Box 82520, Lincoln NE 68501 (fax: 402-309-2580) (email: group@ameritas.com).

Call the EFT Team at 800-487-5553 with any questions.

If you are submitting for a corporation or multiple locations:

If you are submitting this form for a corporation or multiple dental office locations, you must provide us with the following information **on your company's stationary**:

A list* of all applicable bank accounts with the following information listed **for each account**:

- Bank account number
- ABA
- Routing number
- Name of bank or financial institution
- Name on bank account
- Name, address and telephone number for each dental office location that will be utilizing electronic funds transfer

*Include your signature on the page with this information.

Please note: We must receive two documents – a completed copy of the Authorization Agreement for Electronic Funds Transfer form and a **signed** copy of the above-mentioned listing of applicable bank accounts on **company stationary**.

To check the status of an EFT payment or your enrollment in EFT, contact us at:

800-487-5553
Monday-Thursday 7 a.m. to 12 a.m. CT
Friday 7 a.m. to 6:30 p.m. CT
Email: group@ameritas.com

Website

Visit ameritas.com to access your secure provider account, verify patient benefits, download forms and more.

Please note, the free software Adobe Reader® is needed to view and print electronic forms.

Electronic Claims and Attachments

We can process electronic claims the same day we receive them. Plus, most software can submit claims and attachments while simultaneously creating accounting records. For more information, please visit the following websites:

- ndedic.org
- ez2000dental.com
- nea-fast.com

Join Our Network

If you're not already part of our network, contact the Provider Relations team at 800.755.8844 to learn more about the benefits of being part of our family. We work hard to build lasting relationships with the providers on our network.

Recovery of Erroneous Payment

If we determine a provider has received an overpayment from us, we undergo a formal review process to verify and determine the overpaid amount. Then, we send the provider a formal letter which includes an explanation and requests the provider send us a check for the specified amount.