

# ACH Form | Stop Loss Claim Reimbursement(s)

## General Information

|                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------|--|
| Date                                                                                                                  |  |
| Policyholder Name                                                                                                     |  |
| Policy Number                                                                                                         |  |
| Financial Contact for Policyholder: Name                                                                              |  |
| Financial Contact for Policyholder: Phone #<br>(A verification call will be made to authenticate banking information) |  |
| Financial Contact for Policyholder: E-mail                                                                            |  |
| Contact Name to Receive ACH EOR Detail                                                                                |  |
| Contact Email to Receive ACH EOR Detail<br>(Note: EORs contain PHI)                                                   |  |
| Contact Phone # to Receive ACH EOR Detail                                                                             |  |

☐ Check box if the administrator holds the account on behalf of the policyholder

## Bank Details

|                           |  |
|---------------------------|--|
| Bank Name                 |  |
| Bank Address              |  |
| Bank Contact Name         |  |
| Bank Contact Phone Number |  |
| Bank Account Name         |  |
| Bank Account Number       |  |
| Bank ABA Number           |  |
| Account Type              |  |

By signing below, I/we authorize One80 Intermediaries, Inc to initiate electronic payments to the provided bank account. I/we acknowledge and consent that, for security and fraud prevention purposes, One80 Intermediaries, Inc will conduct a phone verification to confirm the banking information provided before any transactions are processed.

### POLICYHOLDER APPROVAL:

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

### Internal Use Only

Bank Approval/Date: \_\_\_\_\_

DYS Approval/Date: \_\_\_\_\_

System Update/Date: \_\_\_\_\_

Please return completed form to [ESLFinance@one80.com](mailto:ESLFinance@one80.com)

One80 Intermediaries | Medical Stop Loss, 18 Campus Blvd. Suite 208, Newtown Square, PA 19073  
p: 610-566-1666 f: 610-566-4877

**Fraud Compliance Notice:** "Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20." Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**"California Residents:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." Per California Insurance Code Section 1871.2 If you are a California resident, you have certain rights under California privacy laws regarding your personal information. To view your rights, please review our California Privacy Notice and Notice at Collection located at [www.fslins.com](http://www.fslins.com)