



EDUCATOR SALARY PROTECTION PLAN DISABILITY CLAIM FORM

Claim Questions: 800.527.4572 Fax To: 817-459-7162

C. DIRECT DEPOSIT REQUEST

If your claim is approved, we are pleased to offer you the security and convenience of having your monthly benefit check deposited electronically to your bank account. Direct Deposit means no more mail delays or trips to the bank to cash your check.

- How does direct deposit work?**
 Each month, our bank will transfer your benefit payment directly into your bank account. We recommend this payment option because it is predictable, safe and convenient. This is the same system enjoyed by over 15 million Social Security recipients.
- How do I sign up?**
 Complete the below section of this form and forward to us. Be sure to print the information clearly. You may want to verify your account and transit/routing numbers with your bank to avoid delays.
- How soon can my direct deposits begin?**
 To ensure accuracy, your Direct Deposit will begin within 30 days of our notification to your bank. This means you may still receive checks by mail after you send in your request. Once Direct Deposit processing begins, your funds will be deposited into your bank account on the second business day after the day your benefit payment is processed.
- What if I have questions?**
 Call our Customer Service direct deposit line at 800-413-7671. This toll-free number is available Monday through Friday from 8:00 A.M. to 4:00 P.M. EST.
- What happens if I am out of town when the benefit payment is due?**
 Your deposit is in your account. You may access it anytime after it is deposited.
- What if I change banks?**
 Simply call and we will send a request form for your completion or you can provide us with the new bank information in writing. You may receive a paper check in the mail for one payment while we process your change request.
- Can I change my mind?**
 Yes. You can start or stop Direct Deposit at any time. Just write and tell us.
- Now what?**
 We will transfer your benefits directly to your bank every month. No more waiting for the mailman, standing in line at the bank, or remembering to send us a change of address each time you establish a temporary residence.

Social Security Number: _____

Name of Bank _____

Name: _____

City _____ State _____ Zip _____

Address: _____

Phone () _____

Type of Account Checking Savings

Tel #: () _____

Account Number _____

I authorize UnumProvident to deposit my Benefit payments to the bank shown here.

Transit/Routing Number*

Signed _____ Date: _____

*Checking (Attach a Voided Check)

*Savings (Contact Bank/Credit Union for Transit/Routing Number)