



A UnitedHealthcare Company

Oxford MyPlan Check Drafting Authorization
(For Employers maintaining claims funding in Employer’s bank account)

AGREEMENT FOR CHECK DRAFTING AUTHORIZATION

_____, The Plan-holder, and Oxford Benefit Management, Inc. (“Oxford”) entered into agreements, which provide health reimbursement arrangements for the Plan-holder’s employees and their dependents.

To pay the Plan benefits _____, the Plan-holder, shall maintain a HRA dedicated bank account for funding claims. The Plan-holder authorizes Oxford to issue checks in payment of eligible expenses from the Plan-holder’s bank account indicated below. The Plan-holder shall provide to Oxford the following required information and documentation to enable Oxford to issue eligible expense payment checks from this HRA dedicated bank account on behalf of the Plan-holder.

1. Check specification sheets for ABA & MICR specifications from the bank hosting the Plan-holders HRA dedicated bank account.

2. Group Information

Group Name:	Phone Number:
Contact Person:	Fax Number:

3. Bank Information

Depository Name:		Branch:
City:	State:	Zip:
Transit/ABA No.:		Bank Account No.:
Authorized Signature:		Date:

Oxford will provide a signature authorization card signed by a representative of Oxford making the Oxford representative an authorized signer on the Plan-holders bank account.

On the 15th and last day of the month (or next business day), you will receive a general claims notification via fax or email that indicates the total amount of claims processed.