



A UnitedHealthcare Company

Oxford MyPlanSM Claim Disbursement ACH Authorization Release

(For Employer funding of Oxford MyPlan Health Reserve Account Claim Disbursements)

Instructions: Please complete this form in full and forward along with the appropriate Oxford Health Plans group application for insured health plans.

AGREEMENT FOR PRE-AUTHORIZATION DEBITS AND CREDITS VIA
AUTOMATED CLEARING HOUSE (ACH)

_____, (the Group,) and Oxford Health Plans Inc. (“Oxford”) entered into agreements which provide health reimbursement arrangements for the Group’s employees and their eligible dependents.

Group Information

Group Name: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

To pay the plan benefits, the Group authorizes Oxford to initiate variable electronic debit and credit entries via ACH to the Group’s bank account indicated below, and authorizes the below named depository to debit and credit the same to such account, via ACH.

Bank Information

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Bank Account No.: _____

Under the ACH arrangement, _____ will maintain its own bank account for funding claims. On the 15th and last day of the month (or next business day), the Group will receive a general claims notification via fax that indicates the total amount of claims processed. Subsequent to the fax notification, your account will be "swept" for the amount indicated on the general notification. On the same day that the fax is sent, a subsequent detailed claims listing equivalent to the amount of the general notification will be mailed to your attention.

Authorized Signature _____

Group _____

Date _____

The Group agrees to properly fund and remain liable for all claims for eligible expenses under the health reimbursement received. The Group also agrees to impose procedures necessary to collect monies from employees for improper reimbursements.