

IMPORTANT NOTICE

Short Term Disability (STD) and Long Term Disability (LTD) Benefits

This notice describes a change in the STD and LTD payment process.

Dear Participant:

Please be advised that EIT now sends all STD and LTD payments electronically to your financial institution via direct deposit (ACH). **Enrollment in direct deposit is MANDATORY**. This allows immediate access to your funds and prevents lost or delayed payments.

Please return your completed Direct Deposit form as soon as possible to avoid any delays in your payments. You may fax it to (312) 782-0799, email it to askeit@fundoffice.org or send via mail to 221 N. LaSalle St, Suite 200, Chicago IL 60601-1214.

To complete the form, please provide your bank's information, **including the Bank Name**, your **routing number** and **account number**. We recommend that you submit a voided check or a copy of a voided check to ensure that we have accurate routing and account numbers to make your electronic deposit.

If you are choosing to have your payment directly deposited into a Savings Account, it is very important that a bank representative complete and sign **Section 3: Savings Account Deposits**. By doing so, you will give your bank an opportunity to verify the routing number, account number and to acknowledge that the institution does participate in the Automated Clearing House (ACH) system. Direct Deposits cannot be made to financial institutions that are not members of the ACH system.

Be sure to sign and date the form in Section 4: Participant Signature. We cannot make an electronic deposit without your written authorization.

Once your account information has been received and updated by EIT, our bank will provide a test deposit (pre-note) in which no actual money is transferred. This pre-note verifies the accuracy of your account and your bank information. Provided the information is correct, your next STD or LTD payment will be electronically deposited into your specified bank account.

If your bank information changes or you close your account, please notify EIT immediately of any change in your account status by completing a new Direct Deposit form.

IMPORTANT CHANGE: In order for your payment to be deposited on Wednesday, your recertification from CorVel (if necessary), must be received by EIT no later than 4:30 p.m. the Friday prior to the payment. If EIT receives your recertification information after this deadline, your payment may be deposited the following Wednesday.

If you have any questions or concerns, please feel free to contact the Disability Department by calling (312) 782-5442, ext. 271 to speak with Annette Grango in our Disability Department.



Direct Deposit Form

For Office Use Only: Disability

New
 Change
 Termination

Section 1: Participant Information - Complete this section with your personal information. (please print)

Name:		Last 4 of SSN:
Street Address:		Apt #:
City:	State:	Zip Code:
Cell Phone: ()	Home Phone: ()	E-mail:
<input type="checkbox"/> Please check box if the address indicated above is a new address		

Section 2: Bank Information - Complete this section with your bank information.

Select a Type of Account (check one):

Checking
 Savings (you MUST have a representative from your bank complete Section 3: Savings Account Deposits)

Name of Your Financial Institution:

9 Digit Routing Number:	Your Account Number:
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**Please include a copy of a canceled or voided check for accuracy. You may copy it directly over the sample.*

Do not provide a copy of a deposit slip, as the routing number will be incorrect for Direct Deposit purposes.

Section 3: Savings Account Deposits: For Financial Institution Use Only - A bank representative must complete this section only if you will be having your check direct deposited to a Savings Account.

I certify that this financial institution agrees to accept ACH credits from the Fund Office for the depositor listed above. I also certify that the bank account number and routing number above are correct. In addition, this institution agrees to notify the Fund Office when it receives notification of the account holder's death.

Bank Representative's Signature:	Date:
Bank Representative's Name: (Printed):	
Bank Representative's Title:	

Section 4: Participant Signature - Read carefully. Sign

By signing this form, I authorize the Fund Office to initiate, terminate or change deposits to my account with the financial institution listed above. In addition, the financial institution is authorized by me to credit my account for the amount of the entry. These deposits will remain in effect until I provide the Fund Office with written notification, within a reasonable time period, to stop payments to my account.

Participant Signature:	Date:
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Return your completed Direct Deposit form to: