

DIRECT DEPOSIT BENEFITS



SECTION A: Employee & Banking Information

Please complete the following in order to have your group benefit reimbursements deposited electronically into your bank account. A void cheque must be attached for this request to be processed.

Employer Name		
Employee Name		
Account Holder Name(s)		Bank Name
Bank Address		
Bank ID	Branch Transit No.	Account No.
Account Holder Signature		

A 'VOID' cheque (for the account you would like funds deposited into) is attached

SECTION B: Online Claims Portal

If you haven't already signed up for the **Online Claims Portal** and/or **Mobile App** please do so. Once registered, you will be notified via email when your claims are processed and benefit payments will be directly deposited into your bank account. For more information, visit www.youngstenstar.ca / Click on 'Login' / Login to the Online Claims Portal/Mobile App (For your initial login select Register Account).

SECTION D: Acknowledgement Agreement

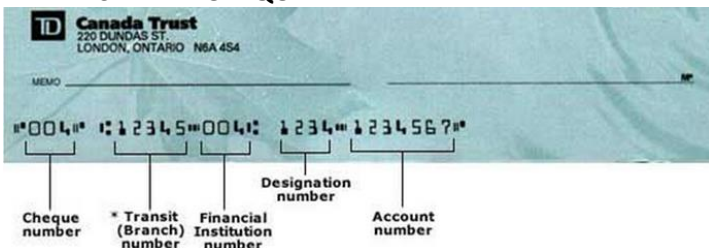
I authorize and direct Youngs-Ten Star Group Benefits Inc. to deposit future group health and dental reimbursements/payments as they come due using electronic funds transfer to the account/financial institution noted above. I am aware it is my responsibility to inform Youngs-Ten Star Group Benefits Inc. of any changes to the above.

I hereby certify that I have read and understand the terms and conditions above.

Employee Signature:

Date: MM/DD/YYYY

SAMPLE CHEQUE



Youngs-Ten Star Group Benefits Inc. is committed to protecting the privacy, confidentiality, accuracy and security of personal information it collects, uses, retains or exchanges in the necessary conduct of our business. Youngs-Ten Star's privacy policy can be viewed at www.youngstenstar.ca/privacy

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