WEA trust
PO Box 259537 | Madison, Wisconsin 53725-9537
800.279.4000 WEAtrust.org

Long Term Care Claim Reimbursement ACH Authorization

Member Checking Account Information – Please Print Legibly

Member Name

Member/Subscriber Number

E-mail to notify when the ACH payment has been sent

Name on Bank Account

Routing Number

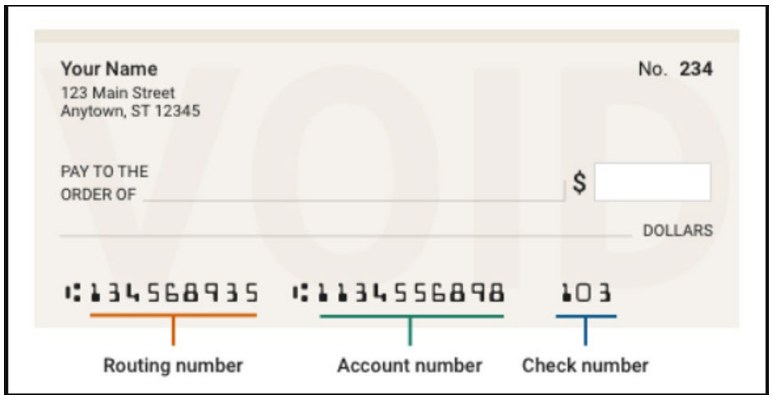
Name of Financial Institution

Account Number

Financial Institution Street Address

City State Zip

Financial Institution Phone Number



Authorization

I authorize WEA Insurance Corporation to initiate Payments (credits) to the financial institution indicated above. WEA Insurance Corporation is authorized to debit this account for any amount that may have been in error.

Authorized By (Print Name)

Signature

Date

Please Note: *When we receive and process this form, you will receive an email from Bill.com requesting verification of your banking details. This e-mail will include the subject line: Your customer, WEA Insurance Corporation, added you as a vendor. Click the "Verify Now" button in the email to securely verify your banking details. Once your banking information is verified, no further action is required. If you do not verify your banking information, Bill.com will make a one-time deposit of $0.01 to your bank account. Within a day, the $0.01 deposit will be withdrawn. This is a standard banking practice use to confirm banking information.*

Important Information For Direct Deposit Members

WEA Trust has partnered with bill.com to direct deposit your funds quickly and accurately into your bank account!

Members enrolled in WEA Trust coverages can elect to receive their reimbursements by direct deposit, rather than by check. To enroll in the program, you must first complete the WEA Trust ACH Authorization form. Once returned, you will receive an email from Bill.com requesting verification of your banking details.

We take the online security of our members seriously and we know that it can be unsettling to get an unsolicited e-mail asking about your banking information. In this case, the request is not a scam e-mail. Given the sensitivity of online banking information, however, we have also worked hard to ensure that responding to this e-mail is entirely voluntary.

How to identify the official Bill.com e-mail

The official Bll.com e-mail will include the following subject line:

RE: Your customer, WEA Insurance Corporation, added you as a vendor

Option #1: Use the Bill.com link to verify banking information

The e-mail will include a "Verify Now" button for you to click so that you can safely and securely verify your banking details. Once your banking information is verified, no further action is required. The button will look like this: Verify Now

Option #2: Ignore the Bill.com e-mail and do nothing

As an alternative to verifying your banking information online, Bill.com will simply make a one-time $0.01 deposit to your bank account. Within a day, the $0.01 deposit will then be withdrawn. This is a standard banking practice used to confirm banking information. No action is required by you to complete the enrollment process.

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Submitting Forms and Correspondence to WEA Trust

To make filling out forms easier, some of our forms are fillable PDFs which allow you to complete and then save the form on your computer or device. Depending on the browser you are using you may or may not not be able to use this feature.

Fillable PDFs require Adobe Acrobat or Acrobat Reader/Acrobat DC to fill them out online or on your computer. Many browsers use a different PDF viewer by default that doesn't support fillable form fields.

If you are unable to complete the forms on your computer or device, you may be able to download and save them to your computer and then fill them out. If you are unable to complete the forms on your computer or device or are unable to download the forms, please feel free to call us at **800.279.4000** and we will be happy to mail you paper copies.

Don't forget to save your work to your computer or device often.

You can submit forms and correspondence to us in whatever way works best for you …

Postal Service

Address your envelope to:
WEA Trust
PO Box 259537
Madison, WI 53725-9537

Fax

Include your name and Subscriber Number on the cover page of your fax and send to:
608.276.9119

Secure File Upload

Send scanned or electronically completed forms to us via our www.weatrust.org website at:
https://weatrust.org/secure-file-upload-1

Email

Attach your scanned or electronically completed forms to an email and send to us at:
customerservice@weatrust.org

Refer to your Benefit Summary and Plan Document for specific benefit information. If you have any questions, we encourage you to call us at **800.279.4000**.