



200 SW Market Street, Suite 800  
Portland, OR 97201

LifeMap Assurance Company®

Life and Disability Claims Department  
Toll-free: 1 (800) 286-1129  
Fax: (855) 733-4615  
claims@lifemapco.com

LifeMapCo.com

### Claim Benefits – Direct Deposit Option

We have enhanced our benefit payment system to enable us to send benefit payments by direct deposit to your checking account.

#### How do I sign up for direct deposit?

If you wish to receive your LifeMap benefit payments through direct deposit, you must complete this direct deposit authorization form and include a copy of a voided check for a checking account. *A deposit slip cannot be used for a checking account; you must provide a voided check.* Any authorizations submitted without the proper documentation will be returned to you without processing. The authorization must then be mailed, faxed, or emailed to LifeMap at the contact information shown above.

#### How will I know if my benefit payment has been processed if I am not getting a check in the mail?

With each benefit payment that is processed, you will receive, via mail, an explanation of the benefit payment showing the amount and date of the payment. In place of the check, a notification of deposit will be included with the explanation of benefit.

### AUTHORIZATION FOR AUTOMATIC BENEFIT PAYMENT DEPOSITS

#### Claimant Information

Full Name of Employee (last, first, middle initial)	Social Security Number	Employer Name	Policy Number
Mailing Address (Street, City, State, Zip)			Phone Number

#### Information about Financial Institution

Financial Institution	Branch	Account Number	Routing Number
Mailing Address (Street, City, State, Zip)			Type of Account <input type="checkbox"/> Checking

#### Authorization

I wish to have my LifeMap benefit payment deposited directly to my checking account. I hereby authorize LifeMap to originate an electronic credit transaction to my bank or credit union account as indicated below and to credit the same to such account. In the event that a payment is credited to my account in error, I will be given written notice of the error. I hereby authorize LifeMap to deduct from my account for any payments credited to my account in error. In the event that a legal proceeding is filed in court to recover the amount of overpayment, the prevailing party shall also be entitled to an award of reasonable attorney fees and costs. This authority is to remain in full force and effect until I notify LifeMap in writing of my request to discontinue direct deposit and LifeMap will act upon this request within 5 business days following receipt of my request.

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Signature Date

For direct deposit account verification include a VOIDED CHECK for direct deposit

**ATTACH HERE**

(Please do not staple)

Note: Do not attach a deposit slip for a checking account.