



## TERMS AND CONDITIONS FOR PARTICIPATING IN MCLAREN HEALTH PLAN FLEXIBLE SPENDING ACCOUNT DIRECT DEPOSIT

If you are participating in a flexible spending account (FSA), you have the option of having your authorized reimbursements deposited directly into your bank account at your financial institution rather than receiving the payment by mail. The following are the terms and conditions for participating in the Direct Deposit program. You do not have to participate in the FSA direct deposit program in order to have an FSA. If you do not want to participate in the Direct Deposit FSA, you do not have to do anything.

1. Your financial institution must be a member of an Automated Clearing House in order for you to participate in the FSA Direct Deposit program.
2. You must complete this authorization form to enroll in the FSA Direct Deposit program. A signed and dated form is required for processing. If you have a joint account, the form must be signed by both parties. Once your form is received by MHA, there may be up to a four week administrative processing period before the enrollment will become effective. You will receive checks for any reimbursement claims paid during this period.
3. If an electronic transfer is returned to MHA, or for any reason cannot be made to your account, MHA will investigate the cause, and if necessary, will issue and mail a reimbursement check to you. Pending resolution of the electronic transfer problem, you will continue to receive reimbursement checks in the mail. Reinstatement in the FSA direct deposit program will be determined on a case-by-case basis, and you will be notified of any action taken.
4. It is your responsibility to notify MHA immediately of any changes in your account, such as account closure or change in account number. Complete this form indicating the action is a CHANGE, and specify the new account information. There may be up to a four week administrative processing period before the changes become effective. If there is an interruption in the FSA direct deposit service, you will receive checks for any reimbursement claims paid during that time.
5. You may cancel your participation in the FSA direct deposit program at any time by completing this form indicating the action is a CANCEL. The cancellation will take effect as of the date you indicate or as soon as the form is received and processed by MHA, whichever is later.
6. This agreement may also be canceled by your financial institution or MHA. MHA reserves the right to automatically cancel your participation in the FSA direct deposit program upon termination of employment or termination of your flexible spending account(s).
7. If you re-enroll in a flexible spending account, your participation in the FSA direct deposit program along with the terms and conditions of this agreement will remain in effect from one plan year to the next until you cancel.

If you have any questions regarding this form, the FSA direct deposit program or any electronic transfers to your account, call McLaren Health Advantage Customer Service at (888) 327-0671, Monday through Friday, 8:30 a.m. to 5 p.m. ET.