

# COBRA Authorization Agreement for Direct Payment (ACH)

## Step 1: Employer Information

Employer Name ("Receiver")	Tax ID Number

COBRA premium disbursements for the Receiver named above will be settled directly to the bank account ("Account") at the depository financial institution ("Depository") indicated below. Discovery Benefits, Inc. ("DBI") will initiate both variable credit entries to reimburse insurance premium payments and debit entries for corrections and fees to this Account.

## Step 2: Authorization Information

Receiver hereby authorizes DBI to initiate debit/credit entries to the Account listed below for:

<p><input type="checkbox"/> <b>COBRA Premiums</b> (Check this box to authorize DBI to process ACH transactions for premiums collected by DBI or to cover employer/government subsidies on a monthly basis. Leave the box blank if DBI should remit collected premiums via a paper check.)</p>	<p><input type="checkbox"/> <b>DBI Administrative Fees</b> (Check this box to authorize DBI to ACH administrative fees for all lines of business on a monthly basis. If administrative fees will be paid via paper check, leave this box blank on all ACH forms being completed for DBI.)</p>
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**Important:** Please contact your financial institution and provide the following filter information to authorize DBI to initiate an ACH from the Account. Should filters not be established, ACH errors will occur and cause delays in payment transactions.

**Origination Company Name & ID: Discovery Benefits, Inc. — 1900058554**

## Step 3: Account Information

<b>Depository Name:</b>		<b>Branch:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>City:</b>		<b>State &amp; Zip Code:</b>	
<b>Routing Number:</b>		<b>Account Number:</b>	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account			

DBI will test the routing number and existence of the bank account through a pre-note transaction.

## Step 4: Authorization Acknowledgment

This authorization is to remain in full force and effect until DBI has received written notification from an authorized representative of its termination in such time and in such manner as to afford DBI and Depository a reasonable opportunity to act on it. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) Operating Rules. Receiver acknowledges the origination of ACH transactions to the account must comply with the provisions of U.S. law.

Signature	Effective Date

## Step 5: Reporting

The following person(s) should receive notification of ACH deductions/credits. DBI will send an email to this/these individual(s) 24-48 hours prior to the transaction:

Name	Phone Number	Email Address

### Ongoing Reconciliation Reminder (Read regardless of ACH option(s) chosen):

The employer is responsible to reconcile the COBRA premiums received from DBI against the carrier invoices using the monthly Remittance Report posted by DBI on the COBRA Client Web Portal. Any discrepancies found between the carrier invoice(s) and the Remittance Report should be reported to DBI immediately.