

Claims Paid Billing Setup



1 Client Account Information

Current Date _____

Client Name _____

EIN Number _____

Client hereby authorizes and requests National Benefit Services, LLC (NBS) to effect payment for any amounts owing by Client to NBS as such amounts become due by initiating debit entries to Client's account identified as follows:

Bank Name _____

Bank Street Address, City, State, Zip Code _____

Depositor Transit Routing Number _____

Depositor Account Number _____

Checking Savings
Account Type

Who should receive a notification email when an ACH is initiated? (*More than four email addresses can be included, upon request*)

Name 1 _____

Email Address 1 _____

Name 2 _____

Email Address 2 _____

Name 3 _____

Email Address 3 _____

Name 4 _____

Email Address 4 _____

2 NBS Account Information

National Benefit Services, LLC

Name

1870435134

Account ID

ZIONS FIRST NATIONAL BANK

Bank Name

20-3886993

Federal ID Number

124000054

Transit Routing Number

003145497

Account Number Information

It is understood that this agreement may be terminated by Client at any time by written notification to NBS. Any such notification to NBS shall be effective only with respect to entries initiated by NBS after receipt of such notification and a reasonable opportunity to act on it.

3 Billing Frequency (*choose one*)

Daily Weekly Biweekly Monthly

Begin Date _____

The day invoicing begins is the day it will recur on. i.e. If you enter the date for next Monday and select Weekly frequency, invoices will always generate on Mondays.

4 Invoice Type (*choose one*) *Note: The High and Medium invoice types must be sent via Secure Email.

Sample invoices are included

- 1 - High - Individual Transactions* 2 - Medium - Grouped by PYE/Plan/SSN*
 3 - Low - Grouped by PYE/Benefit 4 - Lowest - Grouped by PYE

5 Additional Invoice Options (*select all desired*) *Note: CSV data extract must be sent via Secure Email

- Provide full SSN on invoices Include CSV data extract with invoices*
 Create separate invoices for each division

Claims Paid Billing Setup



6 Invoice Delivery *(More than three email addresses can be included, upon request)*

Name	Email Address	Division
Email to: _____	_____	_____
_____	_____	_____
_____	_____	_____

7 Client/NBS Signatures

It is also understood the Client shall have the rights as set forth hereof with respect to all entries initiated by NBS pursuant to this agreement.

Dated this _____ Day of _____, _____.

NATIONAL BENEFIT SERVICES, LLC

CLIENT NAME: _____

By: _____

By: _____

Its: _____

Its: _____

It is understood that all debit entries initiated by NBS pursuant to this agreement shall be subject to the following provisions:

1. If any change is made by NBS in the date of the billing cycle on or after which such entries are to be debited to such account, NBS shall send to client written notification of the new date on or after which such entries are to be debited to such account.
2. Client may notify Bank to stop payment of any entry initiated or to be initiated by NBS to Client's account pursuant to this agreement but such notice must be received by Bank in such time and in a manner as to afford Bank a reasonable time to act on it. An oral notice shall be binding on Bank only for fourteen (14) calendar days unless confirmed in writing within that period.
3. If an entry is erroneously initiated by NBS to Client's account, Client shall have the right to have the correcting adjustments made if within fifteen (15) calendar days following the date on which the bank sent or made available to Client a statement of account or notification pertaining to such entry. Client shall send or deliver to NBS a written notice identifying such entry, stating that such entry was in error and requesting NBS to make correcting adjustments to the entry.

8 NBS Use Only

Employer ID: _____

Date setup performed: _____ By: _____

Date first invoice reviewed: _____ By: _____

Date security deposit sent: _____ By: _____

Invoice Number: CFM _____