

INSTRUCTIONS FOR STARTING A PAYROLL DEDUCTION PAYMENT:

Most employees have access to Employee Express or some other online system to initiate a payroll deduction payment. ***We will still need a completed Enrollment Form faxed, mailed, or e-mailed to Mass Benefits.***

This is the information you will need to start your allotment:

1. Bank Routing Number: 056004445
2. Account Number: 70033277 Checking (Type of Account)
3. Amount of Deduction: Employee Only: \$15.00
 Employee & Spouse: \$28.00
 Employee & Child(ren): \$24.00
 Employee & Family: \$45.00

If your payroll office requires a completed Direct Deposit Sign-Up Form, please follow these directions:

SECTION 1 information to complete:

- A. Your Name, Address and Telephone Number.
- B. Leave "B" blank.
- C. Write your Social Security Number in "C".
- D. Put the amount of the Bi-Weekly Premium in "G".

Sign and date the form on the left under "PAYEE/JOINT PAYEE CERTIFICATION".

Take or send the original form to your payroll office.

Make a copy of the form and mail it with your application to:

Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

Fax # 703-642-2240

Any questions? Call toll-free 1-800-221-3083

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

* To sign up for Direct Deposit, the payee is to fill in the information requested in Sections 1 and 2. Then take or mail the form to your payroll office.

* A separate form must be completed for each type of payment to be sent by Direct Deposit.

* The claim number and type of payment are printed on Government checks. This information is also stated on the beneficiary/annuitant award letters and other documents from the Government agency.

* Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)	
ADDRESS (street, route, P.O. Box, etc.)	
CITY STATE ZIPCODE	
TELEPHONE NUMBER AREA CODE	
B NAME OF PERSON(S) ENTITLED TO PAYMENT	
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood this form. In signing this form, I authorize my payment be sent to the financial institution named below to be deposited to the designated account.	
Signature	Date

D TYPE OR DEPOSITOR ACCOUNT CHECKING SAVINGS <div style="text-align: center;">X</div>									
E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">7</td> </tr> </table>		7	0	0	3	3	2	7	7
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F TYPE OF PAYMENT (Check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Inc <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retire (OPM) <input type="checkbox"/> VA Compensation or Pension </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retired _____ <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> Other _____ </td> </tr> </table>		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Inc <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retire (OPM) <input type="checkbox"/> VA Compensation or Pension	<input checked="" type="checkbox"/> Fed Salary/ Mil. Civilian Pay <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Mil. Retired _____ <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> Other _____						
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G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY TYPE CHECKING AMOUNT \$									

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION UNITED BANK 4230 John Marr Drive ANNANDALE, VA 22003	ROUTING NUMBER CHECK DIGIT <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> </tr> </table>	0	5	6	0	0	4	4	4	5
0	5	6	0	0	4	4	4	5		
	DEPOSITOR ACCOUNT TITLE MASS BENEFITS CONSULTANTS, INC.									
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-name financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209 and 210.										

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