

UFCW TRUSTEED DENTAL FUND – ONTARIO

FREQUENTLY ASKED QUESTIONS
ABOUT DIRECT DEPOSIT

1. What is direct deposit?

Direct Deposit allows money to be electronically transferred from the Trust Fund bank account directly into your bank account. This method of payment eliminates the possibility of lost or stolen cheques, as well as mail delays. Direct deposit is very safe and reliable.

2. How do I sign up for direct deposit?

To sign up for direct deposit, complete the form on the following page and return it to the address noted in the bottom right corner. You will need to attach a Void cheque, or have your financial institution complete the section on Banking Information. You must also provide a valid email address.

3. How secure is the banking information I provide you?

The information is stored in your secure personal file and is used only for the purpose of direct deposit of dental claims payment.

4. How will I know how much is being deposited to my account and when?

You will receive an email confirming the amount of your deposit and the date on which it was deposited, along with an electronic Explanation of Benefits (EOB).

5. How will I know if everything I claimed has been paid for?

Along with the email confirming your deposit, you will receive an electronic EOB that will show you which items have been covered and for how much. If something has not been covered, or not covered in full, the EOB will outline the reason, similar to the statement you currently receive with your cheque.

6. Is it mandatory for me to provide my email address?

Yes. Direct deposit is an electronic transmission, as is the supporting EOB. We require an electronic method of communicating this information to you. It should be noted that you are responsible for ensuring the email address you provide is secure.

7. What happens if I change my bank account?

You need to let us know if you change your bank account prior to any future dental claims being paid. If you do not notify us of your new banking information, the direct deposit will not be successful (it will bounce back) and you will experience delays in receiving your payment until we can verify your new banking information. The form can be used to enrol for direct deposit, make changes to your information or terminate direct deposit.

8. If I sign up for direct deposit, can I cancel it at any time?

Yes. The form can be used to terminate your direct deposit. Indicate in Section 1 Action Requested that you would like to terminate. Sign and date the form, and mail it to the address shown at the bottom of the form.



DIRECT DEPOSIT FOR DENTAL CLAIMS PAYMENT ENROLMENT/CHANGE FORM

Please complete this form if you would like to elect to have direct deposit, make a change to your direct deposit information or terminate your direct deposit. Direct deposit is a convenient and secure way to have your claims payments deposited into your bank account without having to wait for the mail or make a trip to the bank.

1. ACTION REQUESTED (Please check box)			
☐ Initial Request	☐ Change	☐ Termination	
2. PLAN MEMBER INFORMATION (Please print)			
Plan Member Last Name	First Name	Social Insurance Number	
Mailing Address	City	Province	Postal Code
E-mail Address *	Cell Phone Number ()	Home Phone Number ()	

* In order to participate in Direct Deposit you must receive your EOB by email. An electronic Explanation of Benefits (EOB) showing what has been paid will be emailed to you at the same time a Direct Deposit is made to your bank account.

3. BANKING INFORMATION		
Bank Account Holder's Name (if different from Plan Member)		
ATTACH A "VOID" CHEQUE HERE OR, have your financial institution complete the following bank account information, or provide the appropriate Direct Deposit Form from your Bank:		
Name of Financial Institution		Address of Financial Institution
Branch (Transit) Number (5 digits)	Bank Number (3 digits)	Account Number (maximum 12 digits)
4. DIRECT DEPOSIT AUTHORIZATION		
I hereby authorize the UFCW Trusteed Dental Fund, and its Administrators and Service Providers, to deposit claims payments to my account as indicated above. I understand this information will be kept confidential and secure, and that it will only be used for the purposes identified herein. I further understand that I am personally responsible for the confidentiality and security of my personal information forwarded by email. This authorization may be terminated at any time upon written notice by me. In addition, if my eligibility for plan coverage ends, this direct deposit agreement will be automatically cancelled.		
Date _____		Signature of Plan Member _____
5. PLEASE MAIL OR FAX THIS COMPLETED FORM TO:		
UFCW Trusteed Dental Fund Ontario 110-61 International Blvd., Toronto, ON M9W 6K4		Fax: (416) 674-1525