



Please send completed forms to:

Kechnie Benefits

447 Frederick Street, 4th Floor

Kitchener ON N2H 2P4

T: 519 571-2020 | 866 710-7080

F: 519 571-2424 | 866 710-7888

AUTHORIZATION FOR DIRECT DEPOSIT OF CLAIM REIMBURSEMENT

Kechnie Benefits now offers a convenient alternative to receiving cheques for reimbursement of your Health/Dental claim expenses. Simply complete this form, attach a void cheque and submit with your next Health/Dental claim. Your claim reimbursements will automatically be deposited into your bank account.

The account you choose **MUST** have chequing privileges and you **MUST ATTACH A VOID CHEQUE** or we are unable to process your request.

Group Policy Number: _____ Certificate Number: _____

Name of Insured: _____

E-mail Address: _____

E-mail address is required to receive notification of payments.

Please accept this as authorization for Kechnie Benefits to deposit payments directly into my bank account.

Employee Signature

Date

OR

Log in online and activate your account at:

kechnie.onlineclaimsaccess.net

Once your activation is complete you will be able to enter your banking information and your claim reimbursements will be directly deposited into your bank account.

Please note a \$10.00 fee will apply to any rejected funds due to incorrect banking information completed online

At Kechnie Benefits we recognize and respect the importance of privacy and have always been committed to protecting your privacy and personal information. We will limit access of personal information for the purposes identified. We will not use, disclose, or retain personal information for purposes other than those for which it has been collected, except with the consent of the individual as required by law.

For Kechnie Office Use Only:		
Date Received: _____	Date Processed: _____	Administrator Initials: _____