

DIRECT DEPOSIT AUTHORIZATION NOTICE

NEW YORK & VERMONT WORKERS COMPENSATION CLAIMANT’S RIGHT TO DIRECT DEPOSIT

- You have the right to receive your Protective Insurance Company and Sagamore Insurance Company (hereinafter “Protective”) insurance benefit payments, including workers' compensation indemnity benefits or death benefits, in the form of direct deposit. You also have the right to receive your insurance benefits by paper check in the mail.
- You have the right to cancel the direct deposit at any time by contacting your claim representative. If you are unable to reach your claim representative directly, you may call (833)-628-2667 and request to speak with Work Comp Claims Management. The request will be implemented within forty-five days of receipt of notice, and thereafter payment of benefits will be sent by paper check.
- Beginning July 1, 2021, you have the right to have such payments deposited into at least two bank accounts at your request, either as a percentage of the total benefit or a fixed dollar amount for each deposit. Protective may require a minimum amount of up to \$20 into each bank account

What Happens Next:

- You must supply a signed copy of Page 2 of this document.
- Once the Authorization form is received your Protective claim representative will contact you within two weeks to start the direct deposit process.
- Please be prepared to share the information detailed below. Note that the depositor’s name MUST appear on the account.

- This information will include:
 - Depositor/Claimant’s Name
 - Claim Number
 - Name of Financial Institution
 - Account Type: Checking or Savings
 - Account Number(s)
 - Routing Number(s)

The diagram shows a check form with the following fields and labels:

- YOUR NAME:** 1234 Main Street, Anywhere, OH 00000
- DATE:** 123
- PAY TO THE ORDER OF:** _____
- AMOUNT:** \$ _____ DOLLARS
- ROUTING NUMBER:** 044072324
- ACCOUNT NUMBER:** 000123456789
- CHECK NUMBER:** 123

NOTE: If you want the payments split between two (2) separate accounts, please have all information listed above available to share for each account in which you wish to have deposits made.

PROTECTIVE INSURANCE DIRECT DEPOSIT AUTHORIZATION FORM

Authorization & Understandings:

- I authorize Protective to directly deposit my insurance benefit payments into the specified bank account(s).
- I authorize Protective to debit the account in order to recover any credits deposited in error. Protective may recover credits deposited in error by any lawful means.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact in order to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify Protective of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that in order to change or cancel the direct deposit for my insurance benefits, I need to submit this form to Protective.
- I understand that I have an obligation to immediately notify Protective if I am no longer entitled to such payments, or of changes in circumstances which affect my entitlement to such payment.
- I understand that Protective may require me to certify annually that I continue to elect the receipt of such benefits by direct deposit, and that if I fail to do so, Protective may discontinue direct deposit and thereafter provide benefits by paper check.

Name: _____

Signature: _____

Claim number: _____

Email address: _____

Please email a copy of this document to picworkcompemails@protectiveinsurance.com or fax it to 317-715-9639. If the information above is not completed in full your form will not be processed.