

IMPORTANT ANNOUNCEMENT REGARDING YOUR PLAN

December 2019

Effective January 1, 2020, Members of **the UFCW – Canada Safeway Limited Part-Time Employee Benefit Trust Fund (Alberta)** may choose to have their health claim payments deposited directly to their bank account through direct deposit.

Your Board of Trustees has arranged for direct deposit service through the Plan Administrator, and we encourage you to take advantage of it.

Please register for direct deposit on the [Online Member Portal](#). Alternatively, you may complete the attached Direct Deposit Registration Form.

Please read the enclosed material. If you have additional questions, call your Plan Administrator, Prudent Benefits Administration Services Inc., at (403) 250-3534 or toll free at 1-866-544-9686.

Yours truly,

Board of Trustees
UFCW – Canada Safeway Limited Part-Time Employee Benefit Trust Fund (Alberta)

FREQUENTLY ASKED QUESTIONS

ABOUT DIRECT DEPOSIT

1. What is direct deposit?

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

2. How do I sign up for direct deposit?

The quickest and easiest way to sign up for direct deposit is through the Online Member Portal. Alternatively, you may complete the enclosed Direct Deposit Registration Form and return it to the address shown at the bottom of the Form. You will need to attach a Void cheque, or have your financial institution complete the section on Banking Information.

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 for 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.

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 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 claim until we can verify your new banking information.

DIRECT DEPOSIT REGISTRATION FORM

Please complete this form if you would like to elect to have direct deposit, make change to your direct deposit information or terminate your direct deposit.

1. ACTION REQUESTED (Please check box)			
<input type="checkbox"/> Initial Request	<input type="checkbox"/> Change	<input type="checkbox"/> Terminate	
2. PLAN MEMBER INFORMATION (Please print)			
Last Name		First Name	
Mailing Address	City	Province	Postal Code
E-mail Address *	Phone Number ()		Cell Number ()

* Please note that a valid email address is required for direct deposit.

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 consent and give Prudent Benefits Administration Services Inc. the authorization, 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 also agree to notify the administrator should there be any changes to the banking information provided. 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.	
Signature of Plan Member _____	Date _____

5. PLEASE MAIL, FAX, OR E-MAIL THIS COMPLETED FORM TO:	
UFCW – Canada Safeway Limited Part-Time Employee Benefit Trust Fund Suite 101, 46 Hopewell Way NE Calgary, AB T3J 5H7	Or via email to: ufcwsafewayptbenefits@pbas.ca via fax to: (403) 250-9236

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