



Direct Pay Enrollment and Authorization – Supplemental Health Claims

For **faster** service please contact Customer Service at 1-800-541-7846 or:

1. Complete this form on-line at GuardianLife.com
2. Print, sign and scan it
3. Save the completed form to your computer
4. Upload via our [Secure Channel](#) at GuardianLife.com

To mail this form:

Guardian Supplemental Health Claims
PO Box 14317, Lexington KY 40512

To fax this form:

(920)-749-6275

To Email this form:

SuppHealthEFT@glic.com

For direct deposit of your Supplemental Health benefit payments to your checking or savings account, please include all of the information requested. Please allow up to 10 business days for processing, upon receipt of completed documentation. If you have any questions about completing this form, please contact us at (800) 541-7846.

1. Member Information:

Member Name: _____ Member ID: _____ Group #: _____

Preferred Phone #: _____ Email: _____

2. Bank Information:

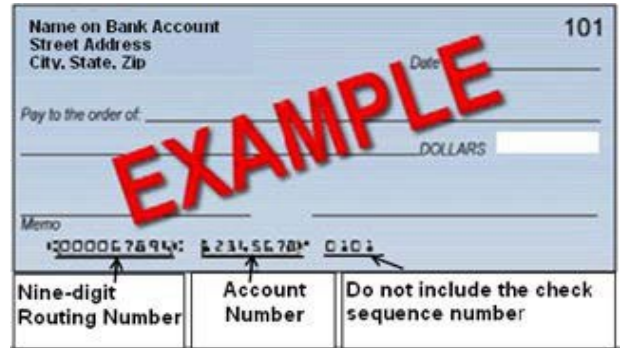
Account Type: (Choose One)

Checking Account or Savings Account

Bank Name: _____

Bank Routing Number (ABA#): _____

Bank Account Number: _____



3. Sign and date this authorization:

I authorize Guardian Life Insurance Company of America ("Company") to deposit any benefits I am eligible to receive directly into the account and bank I have indicated above or to such other account as the bank or any successor bank designates as my account. I also authorize the Company to debit my account for any deposits made in error. I also understand that the direct deposit service will stay in effect until I notify the Company in writing of cancellation or until I am no longer eligible for or due payments, whichever comes first. I understand that I have the opportunity to view my EOBs and payment history via registration on GuardianLife.com

Member Signature

Date

4. Joint Account Holder Agreement (Please check here if you are the sole account holder)

I understand and agree that any funds deposited after the date of death of the Claimant that are not otherwise payable under the plan are to be immediately returned to Guardian Life Insurance Company of America.

Joint Account Holder Signature

Date

Please register on GuardianLife.com to monitor your claim status and payment, as deposit may be made to your account prior to receiving your mailed explanation of benefits.