



Employer Banking Agreement

Please complete this form in its entirety.
Questions? Email onboarding@marinbenefits.com

Section 1: Participant Claim Funding

Marin Benefits does not hold claim funding for our clients. Our funding mechanism for the reimbursement of participant claims requires you, the client, provide Marin Benefits authorization to draft funds from your designated bank account to pay for participant claims as they are incurred. It is your responsibility to ensure that said account is always funded adequately.

Check reimbursements are funded and released by Marin Benefits **once per week**. Direct deposit and/or debit card reimbursements are funded and released by Marin Benefits as often as **daily**. Claim funding will only be drafted from your designated bank account provided there are claims requiring reimbursement. Marin Benefits will provide your finance team with reports showing all settlement activity for account reconciliation. In the event of a claim refund, Marin Benefits will issue a credit back to your designated bank account via ACH.

Important: Please consult with your financial institution prior to returning this agreement to ensure the following Company IDs have been authorized in case of an existing bank filter. Failure to enter the proper Bank Company ID codes into your bank's fraud filter will result in failed ACH transactions. Each failed ACH transaction will result in a \$50 fee per transaction.

Reimbursement Type	Frequency	Company IDs	Transaction Reference
Check	Weekly	1832706943 832706943	Marin Benefits Claim Payment
Direct Deposit & Debit Card	Daily	1383261866, 383261866	Med-I-Bank

Please note that when a bank account is initially set up there will be a pre-authorization transaction of \$1.00 (non-refundable). This pre-authorization is required whenever a new account is created, or when an existing account number or bank routing number are modified to verify the account information and ensure fraud filters will not disrupt debits to your account.

Client Bank Account Authorization

Employer Name	
Effective Date of Account Availability	
Bank Name	
Account Number	
Routing Number	
Bank Filter Confirmation	<input type="checkbox"/> Our financial institution has authorized the required Company IDs
ACH Failure Fee Confirmation	<input type="checkbox"/> ACH settlement failures are subject to a \$50 fee per occurrence

I (we) hereby certify the information set forth below is correct and authorize Marin Benefits Administrators to initiate debit and credit entries to our Bank account indicated above. This account will be used solely for settlement of participant claim obligations owed by us to you as our vendor and for administrative fee payments, if selected. Payments will be made by Electronic Funds Transfer (EFT) unless otherwise indicated. I (we) understand that EFT service is governed by the rules of the National Automated Clearing House Association (NACHA) and that we or you can terminate it at any time.

Signature of Authorized Signer on Bank Account

Printed Name

Section 2: Administrative Fees

Marin Benefits invoices administrative fees monthly. Services are billed month following. For example, you will receive your invoice for January plan administration in February.

Your invoice will be sent electronically by the 7th of each month and will include an invoice roster listing all billable participants if billing is per employee. It is your responsibility to review this roster every month to ensure enrollments are accurate. Please note that we are unable to accommodate retroactive refunds for enrollment terminations which were not reported to Marin Benefits in a timely manner.

Please select one of the following options below:

ACH Debit

Marin Benefits has approval to pull administrative fee payments via ACH two (2) business days after monthly invoice has been sent electronically. If an ACH settlement failure occurs your organization will be billed \$50 for each failure.

ACH Credit

Client will send payment for administrative fees monthly via ACH push. Billing is due upon receipt. A \$100 late fee will apply per 30 days overdue.

Marin Benefits Administrative Fee Remittance	
Bank Name	Bank of Marin
Routing Number	121141877
Account Number	15305345

Check

A check will be mailed. Billing is due upon receipt. A \$100 late fee will apply per 30 days overdue. Any check returned for insufficient funds (NSF) will result in a \$50 fee.

Please mail administrative fee payments to:

Marin Benefits Administrators
6366 Commerce Boulevard, Suite 293
Rohnert Park, CA 94928