



City of Detroit Police and Fire Retiree Healthcare Trust

Upcoming Changes in HRA Reimbursement Payments

The Board of Trustees would like to inform you that effective January 1, 2024, there will be a **\$2.00** processing fee associated with each check issued for HRA Reimbursement Payments. The board is working hard to increase benefits and keep costs down. With the increased costs involved in printing and processing checks, bank fees, stop payments and reissuing checks, and especially postage this measure will benefit all members moving forward. We appreciate your help in reaching our goals.

The Board of Trustees are requesting that members enroll in Direct Deposit to avoid paying the future fees associated with receiving a check. Direct Deposit is safe because your benefit payment is automatically deposited into your bank account. Direct Deposit is fast because no matter if you are sick or away from home, your check is still deposited into your account. Direct Deposit is **easy** because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

If you have already submitted a Direct Deposit form and are receiving your HRA Reimbursement via Direct Deposit, please do NOT submit another form. This form is ONLY for those who still need to sign up.

Complete the form on the back so you can take advantage of the benefits of Direct Deposit and to avoid paying future fees associated with receiving a check. **We strongly encourage you to also include a voided check to ensure accuracy.**

IMPORTANT – When a retiree selects to enroll in Direct Deposit both the retiree's monthly reimbursement and their spouses will be Direct Deposited and will go into the one account that is selected.

BeneSys, Attn: Specialty Claims Department

P.O. Box 1198 ♦ Troy, MI 48099-1198

Phone 248-641-4932 ♦ Facsimile 248-636-4191 ♦ Toll Free 833-725-5336

<https://www.ourbenefitoffice.com/DPFRHC/Benefits/>

DIRECT DEPOSIT AGREEMENT

Name of Retiree _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY**.

Routing No. Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the VEBA Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Health Reimbursement Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the VEBA Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the VEBA Fund.

Retiree Signature _____

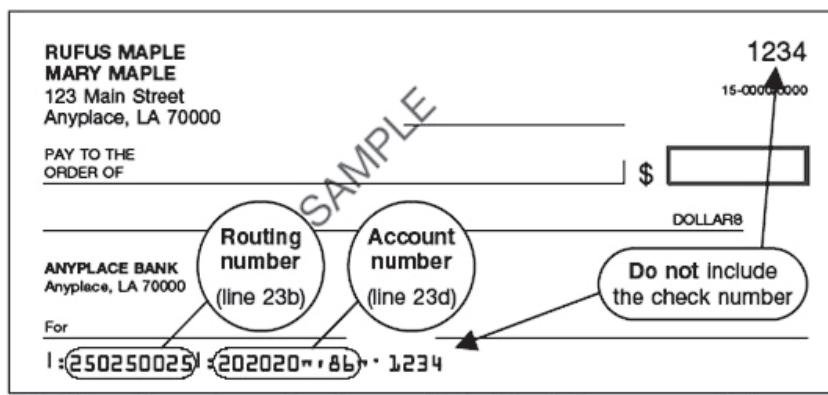
Date _____

Spouse Signature _____

Date _____

Please allow up to 45 days for the direct deposit set-up process to be completed.

RETURN FAX#
(248) 556-2597



Note: The routing and account numbers may be in different places on your check.