



Employer Banking Agreement

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. It is your responsibility to ensure that said account is funded adequately. By completing this form, you are authorizing Marin Benefits to draft funds from your designated bank account to reimburse your participants' claims.

Claim Settlements

1. Check reimbursements are funded and released by Marin Benefits **once per week**.
2. Direct deposit and debit card reimbursements are funded and released by Marin Benefits **daily on business days**.
3. Claim funding will only be drafted from your designated bank account provided there are claims requiring reimbursement.
4. Marin Benefits will provide your finance team with reports showing all settlement activity for account reconciliation.
5. **Important:** Please consult with your financial institution to ensure the following Company IDs have been authorized to approve in the case of an existing bank filter:

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

6. In order to verify that Marin Benefits can access the settlement account, there may be a pre-authorization transaction of \$1.00; this pre-authorization is a requirement to verify the account information whenever a new account is created, or when an existing account number or bank routing number are modified.
7. If an ACH settlement failure occurs your organization will be billed \$30 for each failure.
8. In the event of a claim refund, Marin Benefits will issue a credit back to your designated bank account via ACH.

Claim Settlement Bank Account

Marin Benefits is authorized to reimburse participant claims by drafting funds from the following bank account:

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

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. 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 on a monthly basis. Services are billed the following month. For example, you will receive your invoice for January administration in February.

Your invoice will be sent electronically by the 5th of each month and will include an invoice roster listing all billable participants. 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:

Option 1: ACH Debit

IMPORTANT: Please consult with your financial institution to ensure the following Company IDs have been authorized to approve in the case of an existing bank filter:

Transaction Type	Frequency	Company IDs	Transaction Reference
Administrative Fee Payment	Monthly	1832706943, 832706943	Marin Benefits Administrative Fee

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 \$30 for each failure.

Employer Name	
Effective Date	
Bank Name	
Account Number	
Routing Number	
Bank Filter Confirmation	<input type="checkbox"/> Our financial institution has authorized the required Company ID

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 is used solely for business purposes for payment of administrative fee obligations owed by us to you as our vendor. All 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

Option 2: Check

A check will be sent after reviewing the month invoice. Billing is due upon receipt. A \$30 late fee will apply per 30 days overdue. Any check that is returned from the bank for insufficient funds (NSF) will result in a \$30 fee.

Please mail administrative fee payments to:

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

Section 3: Administrative Contacts

Administrative Invoices

Marin Benefits bills the following month for plan administration. Administrative Invoices are sent via email by the 5th of every month from quickbooks@notification.intuit.com. The following individuals should receive monthly Administrative Invoices:

Contact Name	Contact Email

Scheduled Reports

Marin Benefits offers scheduled reports to be generated and emailed to you in PDF or Excel format. Scheduled reports will be sent via email from support@marinbenefits.com.

Employer Funding Reports provide transaction detail on debit card transactions (for those employers who offer a Benefits Card), reimbursed manual claims, and refunds. Employers can use this report to reconcile all settlement activity. Please note Employer Funding Reports may be blank or show “No Data” if there was no settlement activity in a given time period.

The following individual(s) should receive **Employer Funding Reports**:

Contact Name	Contact Email	Delivery Frequency		Report Format	
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> PDF	<input type="checkbox"/> Excel

Enrollee Account Balance (EAB) Reports provide a monthly list of all participants detailing account status, annual election, total disbursements year to date, and available balance.

The following individual(s) should receive monthly **Enrollee Account Balance (EAB) Reports**:

Contact Name	Contact Email	Report Format	
		<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> PDF	<input type="checkbox"/> Excel
		<input type="checkbox"/> PDF	<input type="checkbox"/> Excel

Changes to the distribution list can be made anytime by contacting Marin Benefits via email at support@marinbenefits.com.