



Human Resources Department
Benefits and Compensation
Administration & Finance Division
University of Cincinnati
PO Box 210039
Cincinnati, OH 45221-0039

Phone (513) 556-6381
Fax (513) 556-9652

BENACCOUNT APPLICATION

I, _____, authorize my bank to debit my personal account and credit my University Insurance account. If at any time I decide to discontinue participation, I will notify the HR Service Center. I understand that my payment is deducted on the third business day of the month. A stopped transaction (i.e. NSF) will incur an additional charge of \$15.

I understand that I must continue to make regular payments until I am notified that my *BENACCOUNT* application has been processed and is accepted in the program.

I authorize the University to adjust my BenAccount deduction as premiums change. I will be notified in advance of any increases that I have adequate time to cancel the BenAccount by written request by the 15th of the month.

Please begin deducting from my (☒) ☐ checking ☐ savings account starting the first day of (month/year) ____/____.

Name (printed) Social Security Number

Signature Date

Current Street Address

City State Zipcode

Daytime Telephone Number: _____

RETURN APPLICATION AND **“VOIDED” CHECK** OR **SAVINGS DEPOSIT SLIP** TO:

University of Cincinnati
Benefits and Compensation
P.O. Box 210039
Cincinnati, OH 45221-0039

Only U.S. Bank Accounts Apply

