

HEALTH PLAN ALTERNATIVES, INC.

REIMBURSEMENT OF MONIES AGREEMENT

NAME _____

EMPLOYER _____

By requesting his/her employer, through Health Plan Alternatives Agency, Inc. ("HPA") to facilitate payment of money due the employee from the Section 125 Cafeteria Plan by use of direct deposit to the employee's bank account, the employee hereby assumes all liability for any lost or misplaced funds and specifically releases the employer and HPA from any and, all liability for any such lost or misplaced funds.

I choose to receive monies due me from the Section 125 Plan by use of direct deposit into my Personal bank account.

NAME OF BANK _____

MY BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

TYPE OF ACCOUNT (CHECKING/SAVINGS) _____

I understand that this agreement will continue and will be upheld by HPA until I give written notification to HPA requesting cancellation of this agreement. I understand that it is my responsibility to give written notification to HPA if my Direct Deposit information listed above should change.

Employee Signature _____

Date _____