



F0023 Retiree Medical Insurance Plan Direct Deposit of Medical Insurance Claim Payments (Aetna Only)

Instructions:

1. This form is only for Aetna Members; Do Not Use for Cigna Members (MBP)
2. Direct Deposit of MIP reimbursements can only be paid into the primary pension bank account from which a retiree's RMIP premium is withdrawn. This account must be held by a US Bank/Credit Union capable of processing ACH transactions
3. Enter all information electronically, except for signature block
4. Print and sign form
5. Please return this form to HR Operations via *(please select one transmittal format, and submit only once)*:
 - a) Email to hroperations@worldbank.org
 - b) Fax +1 (202) 522-7026
 - c) Mail to MSN G2-202, P.O. BOX: 1420, Landover MD 20785, USA

| | |
|---|-------------|
| Retiree Name <i>(Last, First, Middle):</i> | UPI: |
|---|-------------|

Check one box:

I elect to enroll/continue my enrollment in the Direct Deposit MIP Program under which all Retiree MIP (RMIP) claim payments on behalf of myself and/or my eligible family members (not assigned to a provider) will be deposited in US Dollars directly into the primary pension bank account that my MIP premium is deducted from (net deposit). I have confirmed that the financial institution that maintains this account is a member of the Automated Clearing House (ACH) system. I understand the MIP claim payments will be sent through that system to my account by Electronic Funds Transfer (EFT)

I authorize the World Bank Group to provide Aetna, Inc. with the same information about my bank/credit union account that I have provided the World Bank Group Pension office.

I understand that if I change my bank/credit union account with Pension, and I am enrolled in the Direct Deposit MIP program, the new account number will automatically be provided to Aetna, Inc. after the account number has been updated which may take up to 60 days. I further understand that all Direct Deposit of MIP claim payments are made in US dollars only. If my bank/credit union ceases to be able to process ACH deposits, or if I change to a bank/credit union that cannot process ACH deposits, I understand that my MIP reimbursements will be paid by paper check in US dollars.

I hereby withdraw from the Direct Deposit MIP Program. I understand that the Direct Deposit MIP Program will be started/discontinued within 60 days from the date this form is received.

Signature of Insured

Date

**REMEMBER TO NOTIFY THE PENSION ADMINISTRATION UNIT AT 1PENSION@WORLDBANK.ORG
OR +1-202-458-2977 IF YOUR BANK ACCOUNT INFORMATION CHANGES**

Please ensure ALL required information is complete before printing the form >>>