Trustmark
benefits beyond benefits

Request for Direct Deposit and Electronic Explanation of Benefits

Employee Name | *Date of Birth* | *Last 4 of SSN*

Employer Name | *Group Number*

Please provide your e-mail address in the section below to sign up for Electronic Explanation of Benefits.

E-mail address

By providing my e-mail address, I agree to receive electronic explanation of benefits from ECHO Health Inc. on behalf of Trustmark Health Benefits, Inc.

Please provide your bank account information in the section below to sign up for direct deposit of any medical, dental, vision and disability benefit reimbursements.

Bank Name | *Routing Number* | *Account Number*

By providing my banking information, I agree to receive electronic payment for any funds due back to me for all services administered by Trustmark.

The account specified above must be held by the member. **Also, a voided check must be provided with this form. We cannot accept copies of deposit slips.**

Please return signed document to:

By Mail:

Trustmark
Attn: Client Accounting
P.O. Box 83301
Lancaster, PA 17603

By E-mail: FUNDACCTG@TrustmarkBenefits.com

By Fax: 877-411-4852

Disclaimer: By signing this document I agree to receive electronic explanation of benefits and/or direct deposits of reimbursements from Trustmark. I realize that this can take 4 to 6 weeks to be implemented.

Employee Signature | *Printed Name* | *Date*