



## Direct Deposit/Electronic Funds Transfer (EFT) Request for Agent/Broker Commissions

**New Agreement**       **Change Bank Account**

1. Agent/Broker/Agency hereby requests Electronic Funds Transfer (EFT) Oxford commissions.
2. Agent/Broker/Agency requests EFT for his/her/their own purposes and convenience and to replace mailed checks.
3. Agent/Broker/Agency recognizes that EFT is available for routine commissions payable only.
4. EFT shall be subject to all rules, procedures and requirements of banking institutions involved, and of any concerned regulatory agencies.
5. Agent/Broker/Agency hereby requests and warrants that this request for payment of commissions through EFT is signed by its duly authorized representative. This individual will be the account's contact person and he/she hereby represents and warrants that he/she is authorized to make this request on behalf of the Agent/Broker/Agency.
6. Agent/Broker/Agency hereby acknowledges that with the implementation of EFT, hardcopy commission statements will no longer be mailed. It is the responsibility of Agent/Broker/Agency to access Web statements at oxfordhealth.com. For help accessing the Web statements, please call Broker Technical Support at 1-888-201-4216 Monday through Friday, 8 a.m. to 5 p.m.
7. All year-end 1099 tax forms are issued to the tax ID for the entity-designated Agent of Record regardless of the bank account receiving the payment. No changes to 1099 tax forms will be made once issued.
8. You must notify us immediately of any changes to the banking information (e.g, routing or account number). Changes should be sent to OxProducerComp@uhc.com. No retroactive adjustments will be made in the event information is not kept current.
9. If the checking account information provided below is not in your name, you hereby represent that you have authority and control over the funds deposited into such account.

**If you are already enrolled in our EFT program and are requesting to change your bank account information, you must complete and submit this form, along with a voided check.**

**Please allow up to 30 days for us to process your request.**

**\*\*\*PLEASE PRINT CLEARLY – ALL FIELDS ARE REQUIRED\*\*\***

Broker Name: \_\_\_\_\_ Oxford Broker Code: \_\_\_\_\_

Checking Account Information

Transit/ABA Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(if signing on behalf of Agency)

**Please submit completed form, along with a voided check for the account receiving the electronic funds for commissions, to:**

**By U.S. Mail:**  
Oxford Commissions  
4 Research Drive  
Shelton, CT 06484

**By email:**  
OxProducerComp@uhc.com

**By toll-free fax:**  
1-888-289-0069

After processing, access your commission statements at oxfordhealth.com. On the **My Account** tab, select **“Check”** and then **“Commissions.”**

Please use the following diagram for completing the information on the other side of this page. A voided check must be included for all requests. Forms will not be processed without one.

Martha A. Thompson  
1000 Main St.  
Anywhere, USA 10001

Date \_\_\_\_\_

3680

PAY TO THE  
ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_ X \_\_\_\_\_

Ⓜ 123456789 Ⓜ 11484620040 Ⓜ 3680

Transit/ABA No.      Checking Account No.

**Please allow up to 30 days for us to process your request.**

**Your account information will be handled confidentially and professionally.**

If you have any questions about the Commissions Direct Deposit (EFT) program, please contact the Commissions Department by phone at 1-888-666-6844 or by email at OxProducerComp@uhc.com.

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