



STATE OF MINNESOTA PRE-TAX DIRECT DEPOSIT FORM



You have the option to receive your MDEA, DCEA, HRA and/or TEA reimbursements by direct deposit to your financial institution. **(If you received reimbursements via direct deposit last year, you do not need to complete this form.)**

How does direct deposit work?

When using direct deposit, your reimbursement will be deposited into your account on the scheduled reimbursement date. Whether you are on vacation, sick, or traveling out of town, your reimbursements will automatically be deposited into the specified account and available for your use.

How will I know the amount that has been deposited?

You will receive a statement with a voided check showing the amount deposited in your bank account.

What do I need to do in order to sign up?

Complete the information below and return it to Eide Bailly Employee Benefits. You may also enter your banking information by logging into the secure Consumer Portal at www.eidebaillybenefits.com. Direct deposits will begin with your next scheduled reimbursement after this form has been completed, received and processed by Eide Bailly. The direct deposit will remain in effect until you rescind or change the authorization in writing.

What if I want my deposit made to my savings account?

Ask your bank for the bank routing number and your savings account number and provide the information below.

Yes, I would like to receive my Pre-Tax Benefit reimbursements by direct deposit

Employer Name: _____

State Employee ID Number: _____

First Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

FOR DIRECT DEPOSIT TO:	
BANK NAME	_____
Checking Account:	Bank Routing Number _____
	Checking Account Number _____ OR
Savings Account:	Bank Routing Number: _____
	Savings Account Number: _____

By signing this form I agree to the accuracy of its contents and request to have any further deposits posted to the above described bank account.

Employee Signature _____ Date _____

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Minnesota Management & Budget
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your dependents and beneficiaries, how we will use it, who will see it, and your obligation to provide that information.

What information will we use?

We will use the information you provide us at this time, as well as information you have previously provided us about yourself, your dependent(s), and/or your beneficiary. If you provide any information about yourself or your dependent or beneficiary that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter "unknown" in these fields. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We only need your dependent's social security number to offer insurance continuation or process a death benefit.

Why we ask you for this information?

We ask for this information to process your request to add or change coverage for yourself, your dependent or a beneficiary. The requested information helps us to determine eligibility, to identify you and your dependents and beneficiaries, and to contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including analyzing unidentifiable aggregate data to develop new programs and ensure current programs are effectively and efficiently meeting member needs. We may ask for information about you that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct change request or other insurance benefit transaction.

Do you have to answer the questions we ask?

You are not legally required to provide any of the information requested.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this information about you and your dependents and beneficiaries?

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. We can use or relate this information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.

We ask for this information to process your request to add or change coverage for yourself, your dependent or beneficiary. The requested information helps us to determine eligibility, identify you and your dependents and beneficiaries, and contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including using unidentifiable, aggregate data to develop new programs and ensure current programs effectively and efficiently meet member needs. We can use or release this information only as stated in this notice unless you give us your written permission to release the information or to use it for another purpose.

You are not legally required to provide us any of this information and you may refuse to provide the information. However, if you do not provide us the requested information, the insurance transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. This information may also be used or released if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.