Bahama Health
Feel Good About Your HealthPlan

A division of Family Guardian Insurance

MEMBER ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT APPLICATION			
NAME OF MEMBER			
Group Number#			
Member ID Number#		Primary Contact #	
Work Phone:		E-mail contact	
Alternate Email Address:			

BANKING INFORMATION FOR ELECTRONIC FUNDS TRANSFER			
Bank:			
Exact Name on Account:			
Account #:		Select account type:	☐Savings ☐Checking
Branch Location:		Branch #:	

By completing this form, you are authorizing us to transfer the funds from your approved, processed claims and deposit it directly to your bank account. Your explanation of benefits (EOB) will be emailed to you at the address provided on the EFT form. This will provide fast and efficient turn-around time in the settlement of your claim when compared to the traditional time it takes to print and disburse a paper cheque.

COMPLETED BY:	
Name (Print):	
Title:	
Signature:	
Date:	

Family Guardian Insurance Company Limited (BahamaHealth) accepts no liability for the inaccuracy of any information stated herein, or for the consequences of any actions taken on the basis of any inaccurate information herein provided. The signing of this form signifies your agreement that Family Guardian Insurance Company Limited (BahamaHealth) will not be liable to you in respect of any loss resulting from any inaccurate information provided on this form, including but not limited to loss of profits, income, revenue, business, contracts, commercial opportunities or goodwill.

Completed forms are to be forwarded to BHClientRelations@familyguardian.com

FOR BAHAMAHEALTH USE ONLY

RECEIVED BY _____ **DATE** _____

ENTERED IN SYSTEM BY _____ **DATE** _____

REVIEWED BY _____ **DATE** _____

Updated July 2020

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