

# IMPORTANT NOTICE



The Central Bank of The Bahamas strategizes **“to eliminate the use of all domestic cheques by the end of 2024”**.

**Don't get left behind!**

Presently, BahamaHealth issues all Claim Payments via **Electronic Funds Transfer (EFT)**.

We encourage all clients to update their payment option by registering for EFT in **3 Easy Steps**.

We thank you for your continued support and partnership.

**Your Money, Direct to You!**



# **BahamaHealth Electronic Funds Transfer**

Get claim payments even easier when you sign up  
for Electronic Funds Transfer in **3 Easy Steps!**

*BahamaHealth is a division of Family Guardian Insurance*

Family Guardian Financial Centre | East Bay & Church Streets | T: 242-396-1311 | [www.bahamahealth.com](http://www.bahamahealth.com)

# Electronic Funds Transfer : STEP 1

**Download the Electronic  
Funds Transfer Form (EFT)  
from our BahamaHealth  
website [HERE.](#)**


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# Electronic Funds Transfer : STEP 2

**Complete the  
fillable form in  
its entirety.**

  
*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 check.*

**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 [HRClientRelations@familyguardian.com](mailto:HRClientRelations@familyguardian.com)

**FOR BAHAMAHEALTH USE ONLY**

RECEIVED BY _____	DATE _____
ENTERED IN SYSTEM BY _____	DATE _____
REVIEWED BY _____	DATE _____

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# Electronic Funds Transfer : STEP 3

**Submit the EFT form to our Client Care Department via [this email address](#) or e-services where available.**

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**Easy as 1-2-3!**



## **BahamaHealth Electronic Funds Transfer (EFT)**

Once your form has been processed, you will be notified of your enrollment by BahamaHealth.

**Funds from your approved, processed claims will be deposited directly to your bank account** and your Explanation of Benefits (EOB) will be delivered to the email address provided on your form.

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