

CHECK, DIRECT DEPOSIT, AND PREPAID CARD AUTHORIZATION FORM

Directions: To begin, change or cancel the transmittal of workers' compensation benefits directly to a Financial Institution, please read, complete and send this form to the Risk Management Division of the Department of Administrative Services, the Administrator of the State of Nebraska's Workers' Compensation Program (Neb. Rev. Stat. § 48-125.) If owed, benefits will be paid by paper check if this form is not returned and/or incomplete. Risk Management has hired a Third-Party Administrator, Gallagher Bassett, to assist with the administration of the Workers' Compensation Program. Gallagher Bassett is responsible for paying benefits owed on behalf of Risk Management.

Contact Information:

Risk Management
 1526 K Street, Suite 220
 Lincoln, NE 68508

(402) 471-2551 (office)
 (402) 471-2800 (fax)

as.riskworkcomp@nebraska.gov (email address)

CLAIMANT'S RIGHTS:

- This form is optional. You have the right to receive your workers' compensation benefits by paper check in the mail.
- You have the right to cancel the direct deposit or pre-paid card at any time by checking the appropriate box on this form and forwarding the completed form to Risk Management.
- You may have your benefits sent to your attorney.
- For direct deposit and prepaid card, the account must be in your name, unless payments are being sent to your attorney.
- Payments made by direct deposit or prepaid card are not subject to attachment or garnishment or held liable for any debts, except as provided in Neb. Rev. Stat. § 48-149. If any payments are withheld pursuant to this statute, you will be notified of the amount withheld, case number and any other identifying information regarding the withholding.
- All terms and conditions of the prepaid card, including fees are disclosed in the attached documents titled, U.S. Bank ReliaCard® Fee Schedule and U.S. Bank ReliaCard® Pre-Acquisition Disclosure. Please keep this authorization form and disclosures for your review and file.

AUTHORIZATIONS & UNDERSTANDINGS:

- I authorize Gallagher Bassett to deposit my workers' compensation benefits into the specified bank account or onto a prepaid card.
- I authorize Gallagher Bassett to debit the account in order to recover any credits deposited in error. Gallagher Bassett may recover credits deposited in error by any lawful means.
- I understand that this authorization will remain in full force and effect until Risk Management has received updated account information from me. I also agree that I will maintain current banking information. If I do not maintain current banking information, my benefits will be paid via a paper check.
- I understand that prepaid cards will be issued by the Risk Management. I acknowledge that it may take 7-10 business days for the card to arrive in the mail.
- I understand that upon receipt of the prepaid card, I will be required to activate it and choose a Personal Identification Number (PIN). I further understand that I will not be able to use the card until it is activated.
- Upon the selection of direct deposit or prepaid card, I understand that it may take up to 4 weeks before funds are deposited into the account. If any benefits are owed during this 4 week processing time, I further understand that those benefits will be paid by paper check.

By signing below, I certify I have read and understand the statements above and agree with these conditions.

Claimant's Name:	Date:
------------------	-------

CHECK, DIRECT DEPOSIT, AND PREPAID CARD AUTHORIZATION FORM

NEW ENROLLMENT

 CHANGE

 CANCEL

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Claimant's Name (last, first):	Social Security Number:	Date of Birth:	
Phone Number (including area code):	Email Address:		
Mailing Address (include city, state, and zip code):	Benefit Payment Selection: <input type="checkbox"/> Paper Check <input type="checkbox"/> Direct Deposit / Attorney Trust Account <input type="checkbox"/> Prepaid Card		
For Direct Deposit Only: <input type="checkbox"/> Checking Account (attached voided check) <input type="checkbox"/> Savings Account <input type="checkbox"/> Attorney Trust Account (attached copy of attorney's W-9)			
Financial Institution Name:	City:	State:	Zip Code:
Routing Transit or American Banking Association Number:			
Account Number:	Account Holder Name:		

Should I be entitled to receive workers' compensation benefits pursuant to the Nebraska Workers' Compensation Act, I authorize Gallagher Bassett ("Gallagher") to begin payment of my benefits payment(s) as indicated above. If I elect to receive benefit payment(s) through a prepaid card, I understand that the Office of Risk Management with the State of Nebraska will issue the card and that it may take up to 10 business days for me to receive it. Direct deposit/prepaid card requires a processing time of 4 weeks before funds begin to be electronically deposited into the account. Any benefits owed during this processing time will be paid by paper check. This authorization, as indicated above, will remain in full force and effect until Risk Management has received an updated form from me. I also agree that I will maintain current banking information. If I do not maintain current banking information, Gallagher will issue benefit payment(s) through a paper check. I also authorize withdrawal of any funds deposited in error.

SECTION 2 (SIGNATURES)

Claimant's Signature:	Date:
Claimant's Attorney's Signature (for deposit into Trust Account):	Date:

[Office Use Only: Workers' Compensation Claim Number: _____]

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
 Program Name: Nebraska State Employees Workers' Compensation
 Reference Date: November 2018

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your agency for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.00* out-of-network	N/A

ATM Balance Inquiry (in-network or out-of-network)	\$0
Customer Service (automated or live agent)	\$0 per call
Inactivity (after 365 days with no transactions)	\$1.00 per month

We charge 3 other types of fees. One of them is:

Card Replacement (standard or expedited delivery)	\$0 or \$15.00
---	----------------

* This fee can be lower depending on how and where this card is used. See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
 Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call **1-866-567-8587** or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: Nebraska State Employees Workers' Compensation

Effective Date: November 2018

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Withdrawal (out-of-network)	\$1.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	0%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.00	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card to Bank Transfer	\$2.00	This is our fee per transfer to transfer funds from your card to your bank account.
Card Replacement	\$0	This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$1.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.htm for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-866-567-8587**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.