



245 Kenneth Drive
 Rochester, NY 14623-4277
 (800) 996 - 5200
 ParticipantServices@BenefitResource.com
 BenefitResource.com

Request for Refund Authorization Form

Use this form to authorize an ACH refund to your account:

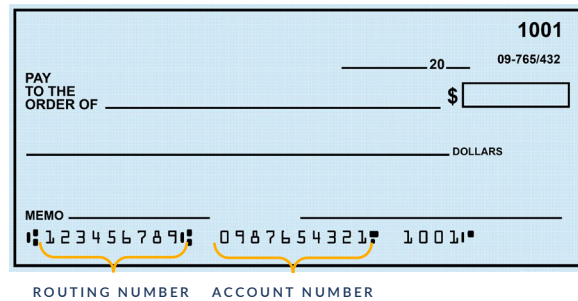
Participant's Name: _____
Last First MI

Employer: _____

Approved ACH Amount: \$ _____

Bank: _____ Checking Account Savings Account

Routing Number: _____ Bank Account Number: _____



If you have questions, please contact Participant Services at (800) 473-9595.

AUTHORIZATION

I authorize Benefit Resource, LLC (BRI) to transfer funds for a refund request.

Account Holder Signature: _____ Date: _____

Best way to contact you if we have questions: _____

MAIL OR EMAIL COMPLETED FORM TO:

BRI COBRA, LLC

PO Box 3850

Omaha, NE 68103-3850

ParticipantServices@BenefitResource.com