

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

DIRECT DEPOSIT AUTHORIZATION FORM

Directions: To begin, change, or cancel the transmittal of workers' compensation benefit checks and/or proceeds from a settlement agreement pursuant to WCL § 32 (hereinafter settlement proceeds) directly to a financial institution, fill out this form and submit the form to:

Berkshire Hathaway Homestate Companies
PO Box 881716
San Francisco, CA 94188

Or

Fax to (415) 675-5469

CLAIMANT'S RIGHTS TO DIRECT DEPOSIT

- This form is optional, but you have the right to receive your workers' compensation indemnity benefits or death benefits in the form of direct deposit. You also have the right to receive your workers' compensation indemnity benefits or death benefits by paper check in the mail.
- You have the right to cancel the direct deposit at any time by checking the appropriate box on this form and forwarding the completed form to Berkshire Hathaway Homestate Companies. The request will be implemented within forty-five days of receipt of notice, and thereafter payment of benefits will be sent by paper check.
- Beginning July 1, 2021, you have the right to have such payments deposited into at least two bank accounts at your request, either as a percentage of the total benefit or a fixed dollar amount for each deposit. Berkshire Hathaway Homestate Companies may require a minimum amount of up to \$20 into each bank account.

AUTHORIZATIONS & UNDERSTANDINGS

- I authorize Berkshire Hathaway Homestate Companies to directly deposit my workers' compensation indemnity benefits or death benefits into the specified bank account(s).
- I authorize Berkshire Hathaway Homestate Companies to debit the account to recover any credits deposited in error. Berkshire Hathaway Homestate Companies may recover credits deposited in error by any lawful means. **IMPORTANT:** This consent does not authorize Berkshire Hathaway Homestate Companies to recover alleged over payments of established and awarded benefits.
- I understand that any change in my employment status may affect my right to receive benefits.
- I understand that any false statement or failure to disclose a material fact to obtain or increase my benefits may result in criminal prosecution, disqualification from benefits, and repayment of any funds deposited to my account.
- I understand that the failure to notify Berkshire Hathaway Homestate Companies of any change in financial institution or account may delay receipt of my benefits or settlement proceeds.
- I understand that to change or cancel the direct deposit for my workers' compensation indemnity benefits or death benefits, I need to submit this form to Berkshire Hathaway Homestate Companies.
- I understand that I have an obligation to immediately notify Berkshire Hathaway Homestate Companies if I am no longer entitled to such payments, or of changes in circumstances which affect my entitlement to such payment.
- I understand that Berkshire Hathaway Homestate Companies may require me to certify annually that I continue to elect the receipt of such benefits by direct deposit, and that if I fail to do so, Berkshire Hathaway Homestate Companies may discontinue direct deposit and thereafter provide benefits by paper check.



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Do not send to the Workers' Compensation Board.

NEW ENROLLMENT CHANGE CANCEL

SECTION 1 (TO BE COMPLETED BY CLAIMANT)

Depositor/Claimant's Name (last, first):	WCB Claim Number:
Phone Number (including area code):	E-mail Address:
Address:	

DEPOSITOR/CLAIMANT/JOINT ACCOUNT HOLDER CERTIFICATION

I certify that I am entitled to receive the underlying compensation payments or death benefits and circumstances entitling me to benefits or death benefits have not changed. I understand that Berkshire Hathaway Homestate Companies may request an annual certification of continued entitlement to such payments or benefits and that such certification must be provided within sixty days to continue payments by direct deposit.

Depositor/Claimant Certification Signature	Date
Joint Account Holder Certification Signature	Date

SECTION 2

Please check with your financial institution to complete the requested information in this section. Direct deposit is only available if your financial institution is part of the New York State Automated Clearinghouse. In addition, the depositor's name **MUST** appear on the account.

Name of Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
Depositor's Account Number (EFT Format):	Routing Number:

Name of Second Financial Institution:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Amount or Percentage to be deposited: _____
Depositor's Account Number (EFT Format):	Routing Number: