



# REMITTANCE FUNDING ELECTION FORM FOR RETIREMENT HEALTHCARE PLANS

Remittance Funding Election Form for Retirement Healthcare Plans allows Teachers Insurance and Annuity Association of America (TIAA) and/or JPMorgan Chase Bank, N.A. (JPMC) to transfer funds for premium remittances from your bank account to TIAA and/or JPMC.

Please print using black ink. Provide all information requested.

## 1. INSTITUTION CREDIT INFORMATION

Institution Name

Institution Address

City

State

Zip Code

Name/Title of Institution Contact

Email Address

Phone Number

## 2. RETIREMENT HEALTHCARE PLAN NUMBER

Plan Number (assigned by TIAA; begins with R9, RV or RG)





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### 3. PLEASE CHECK YOUR PREFERRED OPTION

Remittance funding via the TIAA Administrator Web Center (PlanFocus®): A funding amount to match your remittance list must be entered and submitted on the TIAA Administrator Web Center (PlanFocus®) after each and every remittance list is submitted. Complete bank information below.

Bank Name

Bank Address (no P.O. Boxes)

City

State

Zip Code

Title of Account

ABA/Routing Number (must be 9 digits)

Account Number

Our institution will initiate a Wire or ACH transfer to TIAA after each remittance list is uploaded via the TIAA Administrator Web Center (PlanFocus®) or secure file transfer. *Note: Your financial institution may impose a fee for these Wire or ACH services.*

All Wire/ACH remittances should be sent to the following:

**JPMorgan Chase Bank, N.A.**

**New York, NY**

ABA/Transit Routing Number 021-000-021

CR: TIAA

Account Number 304694517

Please include your institution's Retirement Healthcare Plan number in the detail.

**Please note:** These instructions are separate and distinct for the retirement healthcare program and **should not** be used for remittance to a retirement/pension plan [403(b), 401(a), 401(k)].

If you have an ACH debit block on your bank account, please instruct your bank that debits from TIAA Company Code 2404184517 should be permitted.

Please sign your full legal name with suffix, if applicable, using black ink.

### 4. AUTHORIZATION

Unless otherwise noted, TIAA and/or JPMC will establish EFT capability for the Plan identified in this Remittance Funding Election Form for Retirement Healthcare Plans.

If you submit payment via Remit Funding Electronic Funds Transfer (EFT): Payments must be authorized before 4 p.m. (ET) in order to be credited to your retirement plan effective the next business day.

Outgoing debit transactions from your bank account will state "TIAA" on your bank statement and will be payable to TIAA and/or JPMC. Incoming credit transactions to your bank account will state "TIAA Insurance Reimbursement."

This authorization does not affect the institution's primary obligation for payment. This authorization is to remain in effect until TIAA and/or JPMC is notified in writing to the contrary.

Primary Authorizer Name (print)

Primary Authorizer Signature

Today's Date (mm/dd/yyyy)





## REMITTANCE FUNDING ELECTION FORM FOR RETIREMENT HEALTHCARE PLANS

Fax the completed Remittance Funding Election Form for Retirement Healthcare Plans and a copy of a voided, unsigned check from your financial institution to **800-842-5916**.

Submit only one form for your institution.

### OPTIONS TO RETURN COMPLETED FORM(S)

**OPTION 1:**

Email this form to your Client Services Manager or Transition Manager.

**OPTION 2:**

Upload this form to your Client Manager on PlanFocus®.

