

Date: _____

ENROLLMENT INVITATION REQUEST

Applies for New Claims and Current Open Claims

When you complete this form and submit it to our office, you will be added to the next file transfer sent to our banking partner. Once processed by them, they will contact you by text and email with a link to enroll in an electronic benefit payment at no cost to you. If your claim is new, this is not stating your claim will be approved, this is a process to enroll you should your claim with our office be approved. Provide ALL requested information below neatly, both forms of contact are required by the bank. If we cannot read the information, it cannot be entered into our system, and you will not be included on the next enrollment invitation file.

Claimant Name: _____

Claim Number: _____ Customer ID (required to enroll): _____

Provide the required contact information below – **BOTH are required by the bank:**

Your Cell Phone Number: _____

Confirm Cell Phone Number: _____

Your Personal Email: _____

Confirm Personal Email: _____

I request receipt of an enrollment invitation link from SSL's banking partner:

Signature_____
Date of Request

Send this document to us by email, fax, or mail. Once your contact information is relayed to the bank, you will receive a text **and** email within 24-48 hours with a link to enroll in Direct Deposit. Once you complete the process, you will receive a confirmation from our banking partner. If your claim is approved, your benefit will already be set up for electronic payment.

Thank you for allowing us to serve you.

Standard Security Life Insurance Company