

# Preferred Payment Mode Form

Stop Loss Claims Unit

**The Union Labor Life  
Insurance Company**

8403 Colesville Road  
Silver Spring, MD 20910  
202.682.0900

The Ullico Family of Companies

On behalf of \_\_\_\_\_ (Policyholder),  
I am authorizing The Union Labor Life Insurance Company to remit claim reimbursements  
to the fund via (please check one):

Paper Checks

Please send checks to the following address:

\_\_\_\_\_  
\_\_\_\_\_

Electronic Transfer

For Electronic Transfer use only:

- The Explanation of Reimbursement should be emailed to the following:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

- Banking Information:

Account Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date