



Broker/Agent Electronic Payment Authorization Agreement

If you have any questions completing this form, please contact Sentara Health Plans Finance at EFT_ERA_INQUIRY@sentara.com

* An asterisk denotes required information

Broker Information

* Broker Name

Broker Identifiers Information

* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

* National Producer Number (NPN)

Broker Contact Information

* Broker Contact Name

* Address

* City *State *Zip

* Telephone Number

* Email Address

* Broker Vendor ID

Financial Institution Information

* Financial Institution Name

* Financial Institution Routing Number

* Type of Account at Financial Institution Checking Savings

* Broker/Agent's Account Number with Financial Institution

Electronic Remittance Advice Information

Please note that by choosing to receive your payments electronically, remits will also be delivered electronically and you must have a Broker Login ID in order to see your statements on sentarahealthplans.com.

Login ID of the person or agent who will access commission statements.

* sentarahealthplans.com Broker Login ID:

Broker's Please Note: If you do not have a Login ID for sentarahealthplans.com, please contact Broker Services or brokerservices@sentara.com to complete a Portal User Profile form.

Submission Information

Please attach a letter on bank letterhead. The letter must be dated within the last 90 days and should include the physical bank address, routing and account number, a bank employee's name, title, email, and phone number.

* Reason for Submission New Enrollment Change Enrollment Cancel Enrollment

With your Signature, you are certifying that the account is drawn in the name of the Broker or the Legal Business. The Broker has sole control of the account to which EFT deposits are made in accordance with all applicable Federal regulations and instructions. All arrangements between the Financial Institution and the Broker are in accordance with all applicable Federal regulations and instructions with the effective date of the EFT authorization. You must notify Sentara Health Plans in writing in regards to any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the change.

The EFT Authorization must be signed by the Broker or an individual authorized by the Broker to initiate, modify, or terminate an enrollment.

* Signature of Person
Submitting Enrollment

* Submission Date

* Requested EFT Start/
Change/ Cancel Date

Please email completed form to EFT_ERA_INQUIRY@sentara.com