

Warwick Valley Teachers
Benefit Trust

Direct Deposit Directions

Please fill out the Direct Deposit Authorization Form for Preferred if you would like to receive your claims via direct deposit.

*Please note that if you belong to the Flex plan as well, you MUST indicate whether you are choosing direct deposit for your vision/dental/prescription/medical co-pay reimbursement AND your Flex reimbursements OR just your vision/dental/prescription/medical co-pay reimbursement (without the flex). Indicate your choice on the line that says "purpose."

Group/Participant Name: Warwick Valley Teachers / YOUR NAME

Email address: Personal Email address

ID number: Last 4 digits of your Social Security Number

Purpose: State if you are selecting direct deposit for the Benefit Trust benefits (dental/vision/prescription/medical co pay reimbursement), OR if you want to include your Flex in the direct deposit too

*You must include a voided blank check and choose one of these methods to submit.

1. You may mail in the voided blank check with your completed form to
The Preferred Group
PO Box 15136
Albany, NY 12212-5136
2. You may fax the completed form with a copy or photo of your voided check to 1-866-539-1394.
3. You may email the completed form and photo or scan of the voided check to benefits@tpgplans.com OR email through their secure email site <https://mytpgplan.com/> (click PG Blue, log in or create a log in, then click the tab that says "messaging & links," read the paragraph and click on the linked word "HERE" to compose your email).

Retirees: If you want your yearly fee to be automatically withdrawn from your account, please make a special note on your authorization form

Please call (800) 573-7474 with any questions