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México
Av. Paseo Tijuana #406-102
Edificio SIMNSA Zona Río, Tijuana B.C.
Tel. 683 29 02 | 683 51 61

RE: Broker Commission Payments

Dear Agents,

We are pleased to offer a form of payment for commissions. Please fill out the AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM to begin receiving commission via Direct Deposit. Statements will be remitted to the address in your file to support the payment.

SIMNSA's commission department makes every effort to ensure payments will be sent by the 15th of the month. Due to Federal regulations on ACH payments, banks may receive funds within 24-48 hours of payment initiation. Commissions will be issued from SIMNSA's subsidiary, Unicare Systems Inc.

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Send this document via email/fax the form to osuares@simnsa.com or 619-407-4087

Sincerely,

**Oscar Suarez
SIMNSA Health Plan**



AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____

Remittance City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: () _____

E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: () _____

ABA Routing #: _____ Account #: _____

Account Type
(please check only one) Checking ☐ Savings ☐

Vendor's Authorization:

Please sign below to confirm that you are authorizing SIMNSA to begin transferring payments for your commission to the account mentioned above.

_____ Signature	_____ Title
() Phone Number	_____ Date

Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Send this document via email/fax the form to osuares@simnsa.com or 619-407-4087