

# Student loan repayment reimbursement/payment request form



## Employee information

Employer name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Home address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Student loan repayment requested

Please include detailed support for each loan including a recent invoice with all relevant loan information.

Bank/lender/loan servicer name	Amount requested	Account number	Loan payment period

Payment should be made to:

Myself – this is a reimbursement for a payment I have already made, please reimburse me directly

Bank – please make this payment directly to my Bank/Lender/Loan Servicer institution at the below address:

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Recurring payment information

Please select below if you would like to set this payment up as a recurring monthly payment:

**Recurring payment** – this payment is due each month and should be made monthly on my behalf.

I certify that I will notify my Employer or Lifetime Benefit Solutions if my payment should be discontinued.

**NOTE:** Recurring payments are only good through the end of the calendar year. A new Reimbursement/Payment Request form will need to be submitted at the start of each year.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate and the loan is for my personal education and no other person. In addition, I have read the Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

**Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 211126 Eagan, MN 55121 **or**

**Fax to:** (877) 256-7228

**Call:** Customer Service with questions at (800) 327-7130

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions

For faster reimbursement processing you may be able to submit online at [LifetimeBenefitSolutions.com](https://LifetimeBenefitSolutions.com).

Complete the top section, including Social Security Number or Employee ID.

Please be sure you include detail support/backup for your loan.

Retain a copy of the Form and receipts for your own personal records.

Call Lifetime Benefit Solutions Customer Service with questions at **(800) 327-7130** during standard weekday business hours.

Mail **or** fax (but not both!) completed form with required documentation to:

**Lifetime Benefit Solutions Claims Dept.**

PO Box 211126

Eagan, MN 55121

Fax # (877) 256-7228

## Enroll in direct deposit

To sign up for direct deposit, please log into the LBS member portal at [LifetimeBenefitSolutions.com](https://LifetimeBenefitSolutions.com).

Upon entering your bank account information, there will be a verification process to complete activation of your direct deposit. Your direct deposit will not be active until the micro-deposit is verified.