



of Tennessee

1 Cameron Hill Circle
Chattanooga, Tennessee 37402

bcbst.com

HRA/FSA Direct Deposit Authorization Form

*For Reimbursement of Payments
You Made Directly to Providers*

- CONFIDENTIAL -

Please print clearly and fully. Complete Form in BLUE or BLACK INK.

Subscriber ID No: _____ Group Name: _____ Group No: _____

Employee Last Name: _____ Employee First Name: _____ Employee Social Security No: _____

Employee Street Address (including apartment number): _____ Employee Phone No: _____

City _____ State _____ Zip _____

Action Requested: New Authorization Change of Account Information Cancel Current Authorization

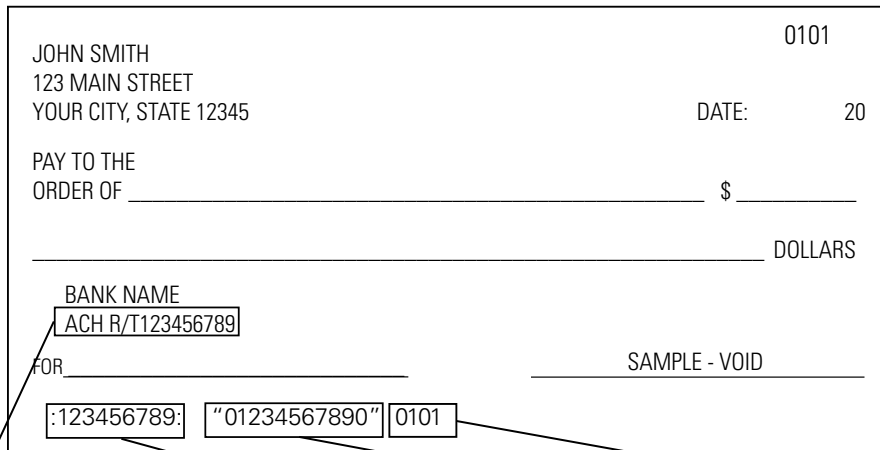
Type of Account: Checking Savings

Name of Financial Institution: _____

Account Holder First Name: _____ Account Holder Last Name: _____

Account Number: _____ Routing Number: _____

(The account and routing numbers may appear in different places on your check.)



ACH Routing/Transit Number **Routing Number** **Account Number** **Check Number**

I hereby authorize BlueCross BlueShield of Tennessee to originate credit transactions to my bank (or credit union or savings) account indicated above for the purpose of claims reimbursement. All eligible medical, prescription, dental and FSA claim reimbursements, to be paid to you, will be direct deposited into the designated bank account on this form. If necessary, BlueCross BlueShield of Tennessee, Inc. may make deductions from my account for any payments credited to my account in error. I understand that my credit transactions will be terminated upon request and that I should allow 30 days for such request to be completed.

Employee Signature: _____ Date: ____/____/____

A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.

Direct Deposit of your HRA/FSA reimbursements is a convenient feature that many employees appreciate. This added service is designed to save you time handling your reimbursement checks. If you decide to take advantage of HRA/FSA Direct Deposit, your HRA/FSA checks will be deposited automatically in any checking or savings account you select. By completing the authorization form, you're directing BlueCross and your bank to deposit your reimbursements to your checking or savings account.

How It Works

To sign up for HRA/FSA Direct Deposit, simply complete the form as directed below and return it to BlueCross.

Fill out the form completely, including your name, subscriber ID number, group name, social security number, telephone number, the name of your bank, account holder last name, account holder first name, account number and routing number.

- Mark the appropriate box to indicate whether your HRA/FSA reimbursement will be deposited to your checking or savings account.
- Please verify the nine digit federal routing/transit number of your savings account with your bank, and indicate the appropriate number. For new accounts, allow a minimum of 10 business days from receipt before the direct deposit feature can be activated.
- Sign and return this form by mail, fax or email to:

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

Fax: (423) 535-1959
Email: GM, Consumer Coach at
ConsumerCoach_GM@BCBST.com

HRA/FSA program participants ordinarily receive reimbursements in the mail in the form of a check, accompanied by a Claim Summary for HRA and an Explanation of Payment (EOP) for FSA. HRA/FSA direct deposit participants will receive a similar Claim Summary/EOP, while funds are routed directly to their selected bank account. Members can continue to review the Claim Summary/EOP to understand which HRA/FSA claim amounts are being reimbursed.

Important Reminders

Reimbursements of FSA claims are paid to the member, and it's their responsibility to pay the provider. For HRAs, if your HRA includes automatic reimbursement, reimbursements for applicable pharmacy coverage are paid directly to you.

All other reimbursements are paid directly to providers. As with any deposit, always verify balances before writing checks on bank accounts. Any "Not Sufficient Funds" (NSF) fees are the member's responsibility, even when an expected direct deposit doesn't occur or is recalled. Any changes to your information will cause an interruption in the direct deposit process.

Changing Accounts for HRA/FSA Direct Deposit

If members intend to close their bank accounts, they must inactivate their direct deposit information for that bank account. To do this, complete a HRA/FSA Direct Deposit Authorization Form, providing the employee's name and account number. Check the **Cancel Current Authorization** box, sign and date the form, and then submit the completed request to BlueCross. Once the HRA/FSA Direct Deposit is cancelled, HRA/FSA member participants will begin to receive their reimbursements in the form of a check with a Claim Summary in the mail.

If a bank account number changes, that information must be changed on your HRA/FSA account profile. Let BlueCross know immediately by checking the **Change of Account Information** box and completing the change portion of the HRA/FSA Direct Deposit Authorization Form. As with other updates to your information, sign and date the form and submit it to BlueCross. For new accounts, allow 10 business days from receipt before the direct deposit feature can be activated under the new bank account.