



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

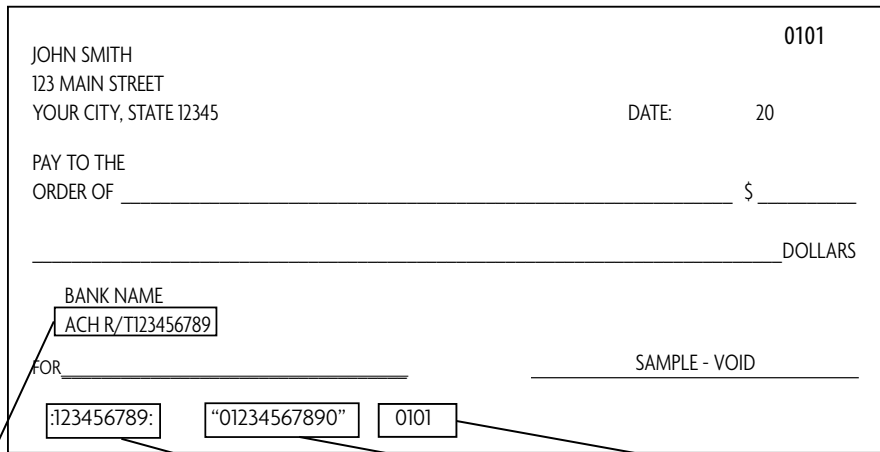
**Type of Account:**  Checking  Savings

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 are directing BlueCross BlueShield of Tennessee and financial institution 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 BlueShield of Tennessee, the administrator of your Employer's HRA/FSA program.

Fill out the form completely, including your name, subscriber ID number, group name, social security number, telephone number name of Financial Institution, 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 or fax the form to:

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

Fax: 423-535-1959

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

## **Important Reminders**

Reimbursements of FSA claims are paid to the member, and it is the member's 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 your 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 does not 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 BlueShield of Tennessee. 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 an EOB in the mail.

If a bank account number changes, that information must be changed on your HRA/FSA account profile. Notify BlueCross BlueShield of Tennessee 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 BlueShield of Tennessee. For new accounts, allow additional time, 10 business days from receipt, before the Direct Deposit feature can be activated under the new bank account.