

1 Cameron Hill Circle Chattanooga, Tennessee 37402 bcbst.com

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.

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Subscriber ID No:	Group Name:		Group No:
Employee Last Name	t Francisco	o First Name of	Frankouse Cosial Cosumity No.
Employee Last Name	Employe	ee First Name:	Employee Social Security No:
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Employee Street Add	lress (including apartment number):		Employee Phone No:
City	State	Zip	
Action Requested: New Authorization Change of Account Information Cancel Current Authorization			
Type of Account: Checking (attach a voided check below) Savings (attach a voided deposit slip below)			
Name of Financial Institution:			
Account Holder Last Name: Account Holder First Name:			
Account Number: Routing Number:			
— Include a copy of your voided check or deposit slip in the space below for more accurate processing.			
— Be sure to write "VOID" or "CANCEL" on the check or deposit slip before mailing.			
(The account and routing numbers may appear in different places on your check.)			
	Your Name		1001
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	Anytown, USA	20	19-2/1250
	PAY TO THE ORDER OF		\$
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			DOLLARS
Your Financial Institute			
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	FOR		
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		ccount Number Check Number	ACH Routing/Transit Number 123456789
	103435751		125450107

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: ____/ ___/

Direct Deposit of your 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 Direct Deposit, your 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 Direct Deposit, simply complete the form as directed below and return it to BlueCross BlueShield of Tennessee.

Fill out the form completely, including your name, subscriber ID number, group name, social security number, telephone number and name of your financial institution.

— Mark the appropriate box to indicate whether your reimbursement will be deposited to your checking or savings account.

Fax: 423-535-1959

- Attach a voided check to the form if you want reimbursements deposited in your checking account. Attach a voided deposit slip to the form if you want your reimbursements deposited to your savings account. Please also 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

Attn: Membership Administration

1 Cameron Hill Circle

Chattanooga, TN 37402

Members ordinarily receive reimbursements in the mail in the form of a check, accompanied by an Explanation of Benefits (*EOB*) for Medical, Dental and HRA and an Explanation of Payment (*EOP*) for 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 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 Direct Deposit

If members intend to close their bank accounts, they must cancel their Direct Deposit information for that bank account. To do this, complete a 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 Direct Deposit is cancelled, 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 account profile. Notify BlueCross BlueShield of Tennessee immediately by checking the "Change of Account Information" box and completing the change portion of the 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.