



AUTHORIZATION FOR DIRECT DEPOSIT
For foreign service employees

This authorization will allow Blue Cross Blue Shield to electronically deposit claims reimbursement for eligible medical expenses you are required to pay to a provider while working outside the United States. Claims funds are electronically deposited into a United States checking or savings account designated by you.

PLEASE NOTE: Once you have authorized direct deposit for claims reimbursement, there is no need to re-enroll in subsequent plan years while enrolled with Blue Cross Blue Shield unless there is a change in your bank information.

Please allow 10 to 15 working days from the date your form is received by Blue Cross Blue Shield for your bank information to be processed. You may receive a paper check if you have claims processed during this period.

TO AUTHORIZE OR CHANGE YOUR DIRECT DEPOSIT:

- 1 Supply the information requested below.**
- 2 Attach a voided check if using a checking account – OR – Attach a savings deposit slip if using a savings account.**
- 3 Mail or fax the completed form with attachment to the address shown.**

Please check the appropriate box below and provide the requested information:

- Add Direct Deposit Discontinue Direct Deposit Change Bank Account Information

1. _____ / _____
 Employee's name (please print) Employee's Blue Cross member ID number/ group number

 Employer's name

2. _____
 Bank name

_____ _____
 Bank location Bank phone number

3. Indicate deposit in: Checking account (Attach a voided check or copy of a voided check; deposit slips cannot be accepted for checking accounts)
 – OR –
 Savings account (Attach a savings account deposit slip)

4. Bank identification (ABA) number: ___ ___ ___ ___ ___ ___ ___ ___ ___
The bank identification (ABA) number is a nine-digit number located in the bottom left hand corner of your check.

5. Bank account number: _____

6. I authorize Blue Cross Blue Shield to deposit my claim reimbursement payments via Automated Clearinghouse (ACH) directly to the account and bank specified above. ACH transactions are processed on behalf of Blue Cross and Blue Shield.

Signature of bank account holder _____
Date

7. Please return your completed form and required information as indicated above via mail or fax to:

Blue Cross Blue Shield of Minnesota
 Route M144
 P. O. Box 64811
 St. Paul, MN 55164-9741 U.S.A.
 Fax (651) 662-7178