



HRA/FSA CLAIM FORM – FOR DIRECT DEPOSIT

FOR DIRECT DEPOSIT OF YOUR HRA OR FSA BENEFIT CHECK, PLEASE COMPLETE THE FOLLOWING:

NAME ON THE ACCOUNT: _____

NAME OF BANK: _____

PLEASE ATTACH A COPY OF A VOIDED CHECK

YOUR EMAIL ADDRESS: _____

CHECK HERE IF THIS IS A CHANGE IN THE BANK INFORMATION YOU PREVIOUSLY SUBMITTED

EXPLANATION OF BENEFITS (EOB) WILL BE EMAILED TO THIS ADDRESS. NO EOB WILL BE MAILED.

BMC BENEFIT SERVICES
790 PENLLYN PIKE, SUITE 217
BLUE BELL, PA 19422
TEL: 215-628-2500
FAX: 215-628-2591