



Independence Blue Cross
Direct Deposit Form
For BlueSaverSM FSA

Request Type: [] Start Direct Deposit [] Stop Direct Deposit [] Change Direct Deposit

- 1. Complete the form at the bottom of this page. Please PRINT all information.
2. Void a check from the account to which you want your reimbursements deposited.
3. Send your completed form and voided check to:

Independence Blue Cross
c/o BlueSaver FSA Administrator
PO Box 1004
Horsham, PA 19044

If you have already set up direct deposit with Independence Blue Cross and do not need to make any changes to your account information, you do not need to fill out this form. If you have any questions, contact us at 866-866-4695.

Employer Name _____

Employee Name _____

Employee Social Security Number _____

Copayments – Please list the copayment amounts for your spouse’s and/or dependent’s health care plan, if applicable.

Table with 2 columns: Type of copay, Amount (example, \$5, \$15). Rows include Family Physician, Specialists, Hospital, Brand name prescriptions, Generic prescriptions, Mail order prescriptions, Dental care, Vision care.

[] I have included a voided check to set up direct deposit for my BlueSaverFSA reimbursements.

Employee Signature _____

Date _____

Please attach a voided check containing bank routing and account numbers to this form. (Deposit slips do not provide the necessary information.)