



Direct Deposit Form For HSA Claim Reimbursement

Please print clearly. Complete sections 1 and 2. Sign section 3. Submit to Benecaid by one of the options in section 4.

1. EMPLOYEE INFO	Company Name:		Group Policy #:
	Last Name:	First Name:	Client ID:
	Email: (direct deposit notifications will be sent to this email address)		Type of Request: <input type="checkbox"/> Initial Set-Up <input type="checkbox"/> Change <input type="checkbox"/> Termination

2. DIRECT DEPOSIT DETAILS	To ensure accuracy, one of the following is required to set-up direct deposit for claims reimbursement:	
	<ul style="list-style-type: none"> Physical cheque marked "VOID" Legible photocopy of a cheque marked "VOID" Legible fax/scan of a cheque marked "VOID" 	
	If you have a savings account, please have your financial institution complete the information below:	
	Name of Financial Institution:	Teller Stamp:
	Financial Institution Code: (3 digits)	
Branch Number: (5 digits)		
Account Number: (up to 12 digits)		

3. AUTHORIZATION	<ul style="list-style-type: none"> I understand that my banking information is used solely for the purpose of depositing Benecaid HSA claim reimbursements into my account. I understand that any changes in banking information must be provided to Benecaid to maintain the HSA direct deposit service. I hereby authorize Benecaid Health Benefit Solutions Inc. to deposit my HSA claim reimbursements in Canadian dollars to the bank account above until such time that I provide a written request to change this information. 	
	Signature:	Date Signed: YYYY MM DD

4. SUBMIT	Please send the completed form and supporting documentation by:		
	Mail Benecaid Health Benefit Solutions Inc. Attn: HSA Change Requests PO Box 40 Toronto, ON M9C 4V2	Fax Attn: HSA Change Requests Local: (416) 622-5312 Toll-Free: (877) 797-7449	Email Subject: HSA Change Requests changes@benecaid.com