

ADDITIONAL BENEFITS DEBIT CARD REQUEST FORM



EMPLOYER:		GROUP NUMBER:	
EMPLOYEE NAME:		EMPLOYEE SSN:	
EMPLOYEE STREET ADDRESS:			
CITY:		STATE:	ZIP:
Additional Benefits Debit Card Holder Information			
The dependent spouse or child must be 18 years of age or older to receive a benefits debit card.			
NAME:			
SSN:			
DATE OF BIRTH:			
IS SHIPPING ADDRESS DIFFERENT FROM EMPLOYEE ADDRESS LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, STREET ADDRESS:			
CITY:		STATE:	ZIP:
RELATIONSHIP TO EMPLOYEE: <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT (OVER 18 YEARS OF AGE)			

SUBMIT THIS FORM TO BENEFIT COORDINATORS CORPORATION (BCC):

- Fax: 412-276-7185
- E-Mail: bcc-claims@bccbenefitsolutions.com
- Mail: Benefit Coordinators Corporation, Attn: Claims
Two Robinson Plaza, Suite 200
Pittsburgh, PA 15205
- Download to BCC's secure FTP website: <http://secure.benxcel.com>

Managing your reimbursement account has never been easier! For instant access to your account, register with My SmartCare's online portal at <https://www.mywealthcareonline.com/bccsmartcare/> or download the free My SmartCare mobile app from your Apple or Android device.