

ADDITIONAL BENEFITS DEBIT CARD REQUEST FORM



PARTICIPANT INFORMATION		
GROUP NAME: San Diego Community College District	BCC GROUP NUMBER: BCCBB1055	
EMPLOYEE NAME:	EMPLOYEE SSN:	
EMPLOYEE STREET ADDRESS:		
CITY:	STATE:	ZIP:
PARTICIPANT AUTHORIZATION: <i>By signing below, I authorize an additional Benefits Debit Card linked to my BCC Administered Reimbursement Account to be generated and mailed to my dependent spouse/child listed below.</i>		
PARTICIPANT SIGNATURE:		DATE:
ADDITIONAL BENEFITS DEBIT CARD HOLDER INFORMATION		
<i>The dependent spouse or child must be 18 years of age or older to receive a benefits debit card.</i>		
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@benXcel.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://benefitcc.wealthcareportal.com/Page/Home> or download the free My SmartCare mobile app from your Apple or Android device.