



## Retiree Medical Reimbursement Account (MRA) Administration

### **INSTRUCTIONS FOR DIRECT DEPOSIT**

Dear MRA Participant:

Direct Deposit (Electronic transfer) of your MRA claims reimbursement is available. Sign up now and your claims reimbursement check can be transferred automatically to any bank account you choose. Direct Deposit is OPTIONAL. If you elect Direct Deposit you will still receive an Explanation of Benefits (EOB) from the MRA Administrator.

The advantages:

- Your MRA claim reimbursement will be in your bank account sooner.
- Your check cannot get lost in the mail (re-issues can take two to three weeks).
- Your check cannot be stolen from your mailbox.
- You are in no danger from carrying a check to the bank and you won't have to wait in line or find a parking spot.
- The service is free to you!

In order to start your sign up process, complete the **Direct Deposit Authorization Form** on the reverse side of this letter and mail it to:

**FUJIFILM MRA - Direct Deposit  
PO Box 1063  
Sparks, MD 21152-1063**

**If you indicate on the Direct Deposit Authorization Form that you prefer your reimbursements be made to a CHECKING ACCOUNT, please include a VOIDED CHECK.**

It may take four to eight weeks to set up your electronic transfer. In the meantime, you will continue to receive paper checks. Please call the FUJIFILM MRA Department toll-free at 1-866-444-FUJI (3854) if you have any questions.

Sincerely,

Associated Administrators, LLC  
FUJIFILM MRA Administrator

Associated Administrators, LLC P.O. Box 1063 Sparks, MD 21152-1063  
Telephone: (866) 444-FUJI  
[www.associated-admin.com](http://www.associated-admin.com)

Revised 11/11/11



## Retiree Medical Reimbursement Account (MRA) Administration

**RETURN THIS COMPLETED FORM TO  
FUJIFILM MRA-Direct Deposit  
PO BOX 1063 Sparks, MD 21152-1063**

### **MRA Direct Deposit Authorization Form**

I hereby authorize FUJIFILM to deposit my MRA claims reimbursement payments into my account identified as and held at the Financial Institution named below, and I authorize that such account exists and that the Financial Institution can make deposits without responsibility for correctness of such amount.

My authorization will remain in effect until I give written notice to terminate this authorization to FUJIFILM in sufficient time and manner as to allow FUJIFILM to act on it. In addition, either FUJIFILM or the Financial Institution can terminate this agreement by providing me with their written notice at least ten (10) days prior to actual termination.

#### **PLEASE PRINT CLEARLY**

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Name of Financial Institution

Financial Institution Routing Number

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Financial Institution Mailing Address

---

City/State/Zip Code

Phone Number of Financial Institution

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Account Number

Type of Account (Checking/Savings)

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Employee Name (Please Print)

Social Security Number

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Name(s) of Any Other Person(s) Listed on the Account

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Employee Signature

Phone Number

Date

### **\*IMPORTANT\***

- \* If your address changes while you are receiving electronic transfers, you must notify the MRA Administration Office in writing at PO Box 1063 Sparks, MD 21152-1063.**
- \* Include a VOIDED CHECK if you have indicated that your reimbursements are to be made to your CHECKING ACCOUNT.**

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