



VIRGINIA BIRTH-RELATED  
NEUROLOGICAL INJURY  
COMPENSATION PROGRAM

January 7, 2020

## Re: Direct Deposit for Family Caregiver Reimbursements

Dear Program Family Caregiver:

Would you like to have your **family care reimbursements** delivered via direct deposit in 2021? This service will be available through the Program's current third-party administrator starting in February. Please complete and return the enclosed form to BPA by January 25 for a February start date. If returned later the start date will be in March 2021. *Please be sure to see the deposit schedule below.*

Phone: 804-330-2471

Fax: 804-330-3054

7501 Boulders View Drive  
Suite 210

Richmond, VA 23225-4047

[www.vabirthinjury.com](http://www.vabirthinjury.com)

[www.vabirthinjury.info](http://www.vabirthinjury.info)

*---Family Care Timesheets received (and if applicable, reconciled with other types of homecare) by 5 pm on the 15<sup>th</sup>\* of month will allow direct deposit in approximately 4-6 business days.*

*---Family Care Timesheets received (and if applicable, reconciled with other types of homecare) by 5 pm on the 30<sup>th</sup>\* of the month will allow direct deposit in approximately 4-6 business days.*

✓ Please continue to send timesheets to the Program - Do not send timesheets to BPA.

\*If the 15<sup>th</sup>/30<sup>th</sup> falls on a weekend or holiday the next business day will be the cutoff.

### Other Important Information:

--Once you select Direct Deposit for Family Care Reimbursement no paper checks will be issued for Family Care.

--If you miss the 15th or 30th deadline for filing timesheets, reimbursement will not be completed until the following cycle. For example, reimbursement for timesheets received on the 16th will be included in the 30th cycle.

To begin this service please complete the accompanying form and return to BPA.

*A lifetime of help*



Benefit Plan Administrators, Inc.  
707 S Jefferson Street, Fl 5  
Roanoke, VA 24016

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH CREDITS)**

\_\_\_\_\_ hereby authorizes Benefit Plan Administrators, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

TYPE OF ACCOUNT: CHECKING  SAVINGS  SELECT ONE

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZED SIGNER ON ACCOUNT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\* ATTACH A VOIDED CHECK \*\*\*\*\***