

Authorization for Automatic Crossover of Health Care Expenses

Please Note: Once you have authorized enrollment in the Crossover feature, there is no need to re-enroll in this feature in subsequent plan years unless you choose not to participate in the Crossover feature. You may change your Crossover election at any time during the plan year by simply checking the appropriate box below, and submitting this form to the address below.

Employee Name: _____

Social Security Number: _____

Employer Name: _____

The Crossover feature of your reimbursement account creates added convenience for you. By authorizing this benefit, you can eliminate the need to file a claim with SelectAccount for expenses such as health care deductibles and coinsurance as indicated on your health plan Explanation of Benefits, as well as any out-of-pocket expenses for prescription drug claims. As eligible expenses are incurred and your insurance claims are processed, the costs will be electronically transferred from your insurance carrier to SelectAccount. These claims will then be processed according to your available balance and your employer's claim processing schedule.

NOTE: If you are also covered under someone else's health plan, you SHOULD NOT enroll in the Crossover feature, since some of your patient responsibility amount may be covered by the other insurance company.

If your health care and/or prescription drug claim is adjusted after the claims have been processed against your reimbursement account, there is a risk that you may receive an excess payment from your account. If this occurs, it will be your responsibility to return the overpayment so the appropriate correction(s) can be made to your account.

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| Authorization for Automatic Crossover of Health Care Expenses | |
| <input type="checkbox"/> I wish to enroll in the Crossover feature for my reimbursement account(s). | |
| Health Plan ID # _____ (from your health plan ID card) | |
| I certify that such expenses will not be eligible for benefit payment by any other insurance carrier and that such expenses will not be manually submitted by me to this or any other health care reimbursement account, including a flexible spending account. | |
| If I manually submit claims to SelectAccount for expenses that will automatically be processed through this Crossover feature or if it is determined that I have other insurance coverage that could cover these expenses, SelectAccount reserves the right to remove Crossover from my account. | |
| <input type="checkbox"/> I do not wish to be enrolled in the Crossover feature for my reimbursement account. | |
| _____ Employee Signature | _____ Date |

Please return your completed form to:

SelectAccount
P. O. Box 64193
St. Paul, MN 55164-0193
Fax (651) 662-7247