

Medical Crossover Decline Form

The medical crossover option makes it easier and faster to receive funds from your account. With medical crossover, your out-of-pocket medical and prescription drug claims will be electronically submitted from your insurance carrier to SelectAccount and reimbursed from your spending account.

- Under the following circumstances, crossover should be declined - medical expenses for these situations cannot be reimbursed per IRS guidelines:
 - **FSA accounts:** if you have a domestic partner or dependent covered by your health plan who is not a health dependent. (A health dependent is a tax dependent or your child up to the calendar year in which the child reaches age 27).
 - **HSA accounts:** if you have a domestic partner or dependent covered by your health plan who is not a tax dependent.
- You will be automatically enrolled in crossover. If you choose to not participate or do not qualify for crossover, decline crossover below. Check your plan materials carefully and/or discuss with your group leader.
- If you or any of your covered dependents have more than one health plan (private or Medicare) crossover is not an option, since your patient responsibility amount should be submitted to all insurance companies before your reimbursement account.
- If you request a debit card, crossover is not available.
- Once you have declined crossover, there is no need to re-authorize in subsequent plan years unless you want to participate in crossover. You may enroll in crossover at any time during the plan year by submitting a Medical Crossover Election form or sign up online at www.selectaccount.com.

Decline medical crossover

NO — By signing this form, I am indicating that I do not wish to be enrolled in the crossover feature for my reimbursement account(s).

Health Plan ID #: _____ SelectAccount ID or SSN: _____
(from your health plan ID card)

Employee Name: _____ Employee Signature: _____
(Please print)

Employee Email Address: _____

Employer Name: _____ Date: _____

Effective date: _____ **(If date not indicated, default will be 10-15 days from the date this form is received by SelectAccount. You have the option to complete online on our website at www.selectaccount.com.)**

Please return your completed form to:

SelectAccount
P. O. Box 64193
St. Paul, MN 55164-0193
Fax (651) 662-7247 or 1-866-231-0214