

# Health Care Flexible Spending Account Enrollment/Change Form



INITIAL ELECTION       CHANGE       TERMINATION

## EMPLOYEE INFORMATION

EMPLOYEE SOCIAL SECURITY NO. <i>(Required)</i>		EMPLOYER NAME <i>(Required)</i>		
EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	M.I.	DATE OF BIRTH	
EMPLOYEE ADDRESS				
CITY		STATE	ZIP/POSTAL CODE	

## PRE-TAX FLEXIBLE SPENDING ACCOUNT

Choose the annual amount you would like to have withheld from your salary and placed into a Health Care Flexible Spending Account for reimbursement of eligible health care expenses.

Annual Amount Elected:    \$ \_\_\_\_\_  
(not a per pay period amount)

**Annual amount elected will be divided by the number of pay periods in the Plan Year.**

## AUTHORIZATION

I hereby authorize my employer to reduce my earnings by the amount stated above for deposit into my Health Care Flexible Spending Account and to make this money available to me for the reimbursement of health care out-of-pocket expenses as appropriate. I understand that I will forfeit any unused balance in my account at the end of the Plan Year. I also understand that I cannot change my plan participation during the Plan Year unless I have a change in family status, as defined in the Regulations under Internal Revenue Code Section 125.

SIGNATURE	DATE
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## AUTOMATIC CLAIM SUBMISSION AUTHORIZATION

With automatic claim submission, you may be eligible to have all unreimbursed expenses from your CIGNA Medical Plan, CIGNA Pharmacy Plan and/or CIGNA Dental Plan automatically submitted for payment from your Health Care Flexible Spending Account. Please check with your employer to verify that this is a feature available to you. Through this feature, as medical, pharmacy or dental claims are filed by employees or providers, CIGNA will send remaining out-of-pocket expenses directly to your FSA without requiring any additional claim forms from you. In most situations your FSA will pay your provider directly from your FSA. Please see the back of this form for additional details on how this feature works.

Even if this is a benefit feature made available to you by your employer, you are not eligible for automatic claim submission if you:

- Have any other source of reimbursement (e.g., your spouse's health plan, Tricare military coverage, Medicare, etc.). In this case, you must submit the claim for medical/pharmacy and dental expenses to both insurance companies for payment consideration. Once the claim has been processed by both companies, you submit a Health Care Flexible Spending Account Reimbursement Request Form (claim form) with supporting documentation directly to: CIGNA HealthCare Choice Fund  
P.O. Box 182223  
Chattanooga, TN 37422-7223  
FAX: 423-553-8953
- Pay for insurance coverage or medical expenses for a dependent that does not meet the definition of "Covered Dependent" under the Internal Revenue Code. Contact your employer to obtain the IRS definition of a covered dependent or go to [www.irs.gov](http://www.irs.gov).

**Please check the appropriate box below, then sign and date this section of the form, to indicate your election:**

I hereby authorize CIGNA HealthCare to submit my unpaid, eligible CIGNA HealthCare medical and/or CIGNA Dental expenses to the Flexible Spending Account for payment consideration. I certify that any expenses submitted to the Flexible Spending Account on my behalf have been incurred by me or my eligible dependents and have not been reimbursed by any other source, nor do I expect them to be. I agree to notify the CIGNA HealthCare Reimbursement Account Unit immediately if any of these expenses are reimbursed from any other source.

- Yes**, I authorize automatic claim submission for my medical expenses.  
 **No**, I do not authorize automatic claim submission for my medical expenses.  
 **Yes**, I authorize automatic claim submission for my dental expenses.  
 **No**, I do not authorize automatic claim submission for my dental expenses.

**Please see the reverse side for important information on automatic claim submission.**

SIGNATURE	DATE
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## FOR EMPLOYER USE ONLY *(Required)*

EFFECTIVE DATE	ACCOUNT NUMBER	BRANCH NAME	BRANCH CODE	ER AAE
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## AUTOMATIC CLAIM SUBMISSION: HOW IT WORKS

### *When you select automatic claim submission of medical expenses*

#### **Medical Expenses (see below for Pharmacy)**

For automatic claim submission to apply:

- You must be a member of a CIGNA medical plan.
- You must elect automatic claim submission of medical expenses to your Health Care Flexible Spending Account.
- You must not have any other source of reimbursement for these expenses.

The provider will be paid directly for any out-of-pocket expenses (other than copayments) remaining on claims submitted to the CIGNA medical plan and automatically sent to your FSA. Both you and your provider will receive an Explanation of Benefits (EOB) for the payments made from your FSA. The EOB you will receive will also identify the remaining balance in your Health Care FSA.

For copayments, you will be reimbursed directly for any copayments on claims submitted to the CIGNA medical plan and automatically submitted to your FSA.

#### **Pharmacy Expenses**

For automatic claim submission to apply:

- You must be a member of a CIGNA Pharmacy plan.
- You must elect automatic claim submission of medical expenses to your Health Care Flexible Spending Account.
- You must not have any other source of reimbursement for these expenses.

When you visit CIGNA participating pharmacies, your FSA will be used automatically to pay your out-of-pocket prescription costs (deductible, coinsurance, copayments). You will not pay anything out of your pocket for covered expenses unless your remaining FSA balance cannot cover the cost.

### *When you select automatic claim submission of dental expenses*

**Automatic claim submission is available only for CIGNA Dental PPO and Traditional Indemnity plans. It is not available for members of CIGNA Dental managed care plans.**

For automatic claim submission to apply:

- You must be a member of a CIGNA Dental PPO or Traditional Indemnity plan.
- You must elect automatic claim submission of dental expenses to your Health Care Flexible Spending Account.
- You must not have any other source of reimbursement for these expenses.

The provider will be paid directly for out-of-pocket expenses (other than copayments) on claims submitted to the CIGNA Dental plan and automatically submitted to your FSA. Both you and your provider will receive an Explanation of Benefits (EOB) for the payments made from your FSA. The EOB you will receive will also identify the remaining balance in your Health Care FSA.

For copayments, you will be reimbursed directly for any copayments on claims submitted to the CIGNA medical plan and automatically submitted to your FSA.