



Health Care Flexible Spending Account Crossover Enrollment Form

As a participant in the Health Care Flexible Spending Account option, the Claims Crossover Feature allows claim data to be sent automatically to PayFlex for processing and reimbursement of eligible expenses eliminating the need to file a separate claim form for the following program options:

- Blue Cross Blue Shield PPO (including prescription claims processed through Prime Therapeutics)
- Blue Cross Blue Shield Traditional Plan (including prescription claims processed through Prime Therapeutics)
- BlueCare Dental

This feature is valid for the current plan year only. To participate in the Crossover in future years, a new enrollment form must be submitted for each year. If you begin participation in the Crossover mid-year, only claims incurred after the Crossover Enrollment Form is processed will be transmitted to PayFlex.

Personal Information (Please print clearly and provide complete and accurate information.)

Employer _____
SSN _____ — _____ — _____ Plan Year _____
Your Name _____ (Last) (First) MI)
Address _____ City _____
State _____ Zip _____
<input type="checkbox"/> Enroll me in the FSA Crossover
<input type="checkbox"/> Discontinue my enrollment in the FSA Crossover

By signing below, I certify that I have read and understand the Claims Crossover option and I agree to allow Blue Cross Blue Shield of Illinois to transmit my claim information directly to PayFlex for Health Care FSA claims processing. I also understand that any information disclosed under this authorization will be made available to me upon request.

Employee Signature _____ Date _____

Mail to: PayFlex System, USA
Flex Dept
P.O. Box 3039
Omaha, NE 68103-3039