



# HEALTH PLAN DEDUCTIBLE/TAX LIMIT VERIFICATION FORM

Use this form to verify that your IRS minimum deductible has been met and to remove the limited status from your personal spending account.

Account Holder Information (please print)			Spending Account ID #							
Last Name _____ First Name _____ Middle Initial _____			S	A						
Street Address _____			Social Security # (if SA# is not known)							
City _____ State _____ Zip _____			Daytime Phone							
Email address _____ Employer's Name _____										
Health Plan Deductible/Tax Limit Information (please print)										
All fields in this section must be completed. If information is missing, the personal spending account will remain limited until all information is received.										
Health Insurance Carrier Name: _____										
Health Insurance plan is:										
<input type="checkbox"/> Individual Health Plan										
<input type="checkbox"/> Family/Dual Coverage Health Plan										
The IRS minimum deductible has been satisfied for the plan year _____ as of _____.										
(year) (date)										
<input type="checkbox"/> I am attaching an explanation of benefits or some other documentation from my health insurance carrier that is proof of the IRS minimum deductible being met.										
<input type="checkbox"/> In the absence of an EOB or other documentation, I have a signature from my health insurance carrier below certifying that the IRS minimum deductible has been met.										
Health Insurance Carrier Representative Signature: _____										
(person completing this form)										
Signature Date: _____ Phone Number: _____										
Account Holder Signature										
I certify that the information listed above is true.										
_____					_____					
Account Holder Signature					Date					

Questions? Call Member Services at 1-800-859-2144.

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