



Member Requested Authorization for Release of Information

Further has developed a process to allow our spending account holders to authorize other people to have access to their account information. Completing the Release of Information (ROI) form then allows the designated person to obtain the following information when they contact the Further Customer Service team.

- Account balance information
- Contribution information
- Claim/debit card transactional information (including date of service, amount and provider information)
- General account information

Authorized individuals are not allowed to make changes to the account or close the account. For example, only account holders can make the following types of changes.

- **Address changes**
- **Bank account information**
- **Closure of account/transfer of account funds**

Once an authorization has been established it will remain in effect until the account is closed or the account holder revokes the authorization by updating authorizations online via the member portal, in writing at the address below or by contacting the Further Customer Service team.

To establish a ROI, you may complete the attached form or go online to hellofurther.com and logging into your account. Once you are logged into the member portal, choose Account & Plan Settings under My Accounts. Click on Profile Options, then on Release Authorization (ARI).

Please read these instructions carefully before completing this form.

**When to
Use This Form**

You must complete this form if you want to authorize Further to share information related to your Further medical spending account with your designated person(s).

**How to Complete
This Form**

The Authorization for Release of Information form must be completed and signed by one of the following:

- ◆ The person whose information will be released.
- ◆ The parent or legal guardian of a minor whose information will be released.
- ◆ The personal representative of the person whose information will be released (e.g., power of attorney, conservator, legal guardian, executor).

To complete this form:

- ◆ Fill in the name, spending account identification and date of birth of the person whose information will be released.
- ◆ Fill in the name and address of the person(s) or employer(s) who will receive the information.
- ◆ Sign and date the form.
- ◆ If you are not the person whose record will be released, state your relationship to that person.

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

Send via secured email only:
further.documents@hellofurther.com

Fax to:
866-231-0214

Mail to:
PO Box 982814
El Paso, TX 79998-2814



Member Requested Authorization for Release of Information

Member Information (person granting release of information)

Member Name _____

Spending Account ID _____ or Social Security Number _____

Date of Birth ____/____/____

Further may release this information to:

Name _____

Phone Number _____

Email Address _____

Information to be released:

- **Account balance information**
- **Contribution information**
- **Claim information (including date of service, amount and provider information)**
- **General account information**

Note: If the information relates to payment for certain alcoholism or drug dependency expenses, I understand that information cannot be disclosed again without another signed authorization from me. For all other information, I understand that the person(s) I have named to receive information may not be subject to privacy laws and may be able to re-release the information.

Authorized individuals are not allowed to make changes to the account or close the account. For example, only account holders can make the following types of changes.

- **Address changes**
- **Bank account information**
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Right to Revoke – I understand that I may cancel this authorization at any time by updating my authorizations on the member portal or in writing at the address below or by contacting the Further Customer Service team, but it will not affect any release of any information processed before I cancel it. This authorization will remain in effect for as long as your account is active with Further unless you cancel it.

Signature of Member _____ Date: _____

Signature of Parent or other Personal Representative _____ Date: _____

If this request is by a personal representative on behalf of the member, complete the following:

Personal Representative's Name _____

Relationship to Member _____

Note: You have a right to keep a copy of this notice after you sign it.

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