



## DENTAL CROSSOVER ELECTION FORM

The dental crossover option makes it easier and faster to receive funds from your spending account. With dental crossover, eligible out-of-pocket expenses such as dental deductibles and/or coinsurance as indicated on your dental Explanation of Benefits will be electronically submitted from Delta Dental to Further and reimbursed from your spending account.

- Under the following circumstances crossover should **NOT** be selected - expenses for these situations cannot be reimbursed per IRS guidelines. If you are auto-enrolled in crossover, complete the "To decline dental crossover" section below:
  - **FSA accounts:** If you have a domestic partner covered by your health plan who is not a tax dependent.
  - **HSA accounts:** if you have a domestic partner or dependent covered by your health plan who is not a tax dependent.
- If you're part of an employer group, dental crossover is only available if your group chooses to offer dental crossover to it's employees.
- If your employer group chooses automatic crossover, 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 your dental claim is adjusted after the crossover claim has been processed against your reimbursement account, you may receive excess payment. If this occurs, you will be responsible for returning the overpayment so your reimbursement account is credited for the overpayment.

Member Information	
Employee Name: _____	Spending Account ID or SSN: _____
Employer Name: _____	
To Decline Dental Coverage	
<input type="checkbox"/> <b>DECLINE</b> by signing this form, I am indicating that I do not wish to be enrolled in the dental crossover feature for my reimbursement account(s).	
To Choose Dental Coverage	
<input type="checkbox"/> <b>CHOOSE</b> by signing this form, I am indicating that I wish to be enrolled in the dental crossover feature for my reimbursement account(s).	
Signature	
Once you have authorized this option, there is no need to re-authorize in subsequent plan years. You may change your election at any time during the plan year by signing into your account at <a href="http://Hellofurther.com">Hellofurther.com</a> .	
By signing this form, I certify that such expenses will not be eligible for benefit payment by any other insurance carrier and that such expenses will not be manually submitted by me to this or any other health care reimbursement account, including a flexible spending account. If I manually submit claims to Further for expenses that will automatically be processed through crossover, I understand the Further may remove crossover from my account.	
Employee Signature: _____	Date: _____

**Save time: submit this information online.** Questions? Call Member Services at 1-800-859-2144.

**Submit online:**  
Log into your account at  
[hellofurther.com](http://hellofurther.com)

**Send via secured email only:**  
[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**  
866-231-0214

**Mail to:**  
P.O. Box 64193  
St. Paul, MN 55164-0193