



MEDICAL CROSSOVER ELECTION FORM

The medical crossover option makes it easier and faster to receive funds from your account. With medical crossover, your out-of-pocket medical and prescription drug claims will be electronically submitted from your insurance carrier to Further and reimbursed from your spending account.

- Under the following circumstances crossover should **NOT** be selected - medical expenses for these situations cannot be reimbursed per IRS guidelines:
 - **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 are part of an employer group, medical crossover is only available if your group chooses to offer medical crossover to it's participants.
- If your employer chooses automatic crossover, you will be automatically enrolled. 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 employer.
- If you or any of your covered dependents have more than one health plan (private or Medicare) crossover is not an option, since your patient responsibility amount should be submitted to all insurance companies before your reimbursement account.
- If you request a debit card, crossover is not available.
- If your 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

Health Plan ID #: _____ Spending Account ID or SSN: _____
(from your health plan ID card)

Employee Name: _____ Employer Name: _____

To Decline Medical Crossover

DECLINE by signing this form, I am indicating that I do not wish to be enrolled in the medical crossover feature for my reimbursement account(s).

To Choose Medical Crossover

CHOOSE by signing this form, I am indicating that I wish to enroll in the medical 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 hellofurther.com.

By signing this form, I certify that such expenses will not be eligible for benefit payment by any other insurance carrier nor will I manually submit them to 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 that Further may remove crossover from my account.

Employee Signature: _____ Date: _____

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

Complete online:

Log into your account at
hellofurther.com

Send via secured email only:

further.documents@hellofurther.com

Fax to:

866-231-0214

Mail to:

P.O. Box 64193
St. Paul, MN 55164-0193