

## 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 SelectAccount and reimbursed from your spending account.

- If you are part of an employer group, medical crossover is only available if your group chooses to offer medical crossover to its participants.
- If your employer group 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 group leader.
- 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 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.
- Once you have authorized crossover, there is no need to re-authorize in subsequent plan years unless you choose not to participate in crossover. You may stop your crossover election at any time during the plan year by submitting a new form and choosing the "decline" option below.

### To decline medical crossover

**NO — By signing this form, I am indicating that I do not wish to be enrolled in the crossover feature for my reimbursement account(s).**

### To choose medical crossover

**YES — By signing this form, I am indicating that I wish to enroll in the crossover feature for my reimbursement account(s).**

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 SelectAccount for expenses that will automatically be processed through crossover, I understand that SelectAccount may remove crossover from my account.

Health Plan ID #: \_\_\_\_\_ SelectAccount ID or SSN: \_\_\_\_\_  
(from your health plan ID card)

Member Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_  
(Please print)

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Your request will be effective within 10 business days from receipt or you can complete online on our website at [www.selectaccount.com](http://www.selectaccount.com).**

Please return your completed form to:

SelectAccount  
P.O. Box 64193

St. Paul, MN 55164-0193

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Fax (651) 662-7247 or 1-866-231-0214

MII Life, Inc. d.b.a. SelectAccount