

SelectAccount®

Dear SelectAccount member:

Your SelectAccount personal spending account is a convenient way to pay for eligible health care expenses and to save money on taxes. SelectAccount offers several features and services that make your account easy to use. One of our most popular features is the electronic reimbursement feature, also known as crossover. We have automatically enrolled all employees in the crossover feature to make your health plan more affordable.

How crossover works

Crossover allows your health plan to automatically submit claims to SelectAccount for reimbursement. This virtually eliminates paperwork for you! Here's how it works:

- You go to the doctor
- Your doctor submits a claim to your health plan for the care you received
- Your health plan processes the claim and submits your portion of the expense to SelectAccount
- SelectAccount processes the claim against your account(s) and reimburses you by check or automatic deposit into a checking or savings account of your choice

Crossover saves you time because you don't have to submit paper claims to receive reimbursement. And, you typically receive your reimbursement faster when you have crossover.

Crossover should not be selected in the following circumstances:

FSA Accounts: if you have a domestic partner or dependent covered by your health plan who is not a health dependent. (A health dependent is a tax dependent or your child up to the calendar year in which the child reaches age 27.)

HSA Accounts: if you have a domestic partner or dependent covered by your health plan who is not a tax dependent.

If you decide you don't want to use the crossover feature or if you don't qualify for crossover, you must cancel your enrollment by visiting SelectAccount online at www.selectaccount.com. Once registered, you can manage your account online including opting out of crossover.

Questions?

If you have any questions about crossover or your account, call your SelectAccount customer service team toll free at 1-800-859-2144 or (651) 662-5065 in the Twin Cities metro area from 7 a.m. to 7 p.m., Monday through Friday.

We appreciate the opportunity to help you manage your health care dollars and hope you enjoy the flexibility and control that SelectAccount can provide.

Medical Crossover Election Form

You can complete this form online at www.selectaccount.com

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.

- 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 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 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.
- Once you have authorized crossover, there is no need to re-authorize in subsequent plan years unless you decline 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 #: _____ (from your health plan ID card) SelectAccount ID or SSN: _____

Employee Name: _____ (please print) Employee Signature: _____

Employee Email Address: _____

Employer Name: _____ Date: _____

Effective date: _____ **(If date not indicated, default will be 10-15 days from the date this form is received by SelectAccount.)**

Please return your completed form to:
SelectAccount • P.O. Box 64193 • St. Paul, MN 55164-0193 • Fax (651) 662-7247 • 1-866-231-0214

To complete this request online, visit www.selectaccount.com and sign in to your account.

- I authorize SelectAccount to deposit my claim reimbursement payments to the account indicated and I authorize the bank named below to accept my claim deposit and credit the amount to my account. (Complete the fields below with the bank information.)
- I am changing my existing direct deposit bank information as indicated below. (Complete the fields below with the new bank information. This will automatically cancel your old Direct Deposit Account and activate your new Direct Deposit Banking Account.)
- I wish to cancel my direct deposit and have my claim reimbursements sent to me by mail. (Print your name, include your SA# and sign and date at the bottom of this form.)
- Authorization for direct deposit of claim reimbursement payments provides a convenient method of electronically transferring claim funds directly into your checking or savings account. Direct deposit will apply to all your spending account products with SelectAccount.
 - Please allow 10-15 business days from the date this form is received by SelectAccount for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.
 - Once you have authorized SelectAccount to automatically deposit your claim reimbursements, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

checking or savings account

Please note that we cannot transfer funds into investment accounts at this time.

Name of member (please print): _____

SelectAccount ID or Social Security Number: _____

Email Address: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Routing Number: ____ _

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: _____

Signature of Bank Account Holder

Signature Date: _____

Mail or Fax to: SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193
Fax to 651-662-7247 or 1-866-231-0214