



Submit Your Flex Claims Automatically!

Tired of looking for receipts, claim forms and stamps? What if you could eliminate the manual effort and streamline the process of submitting medical claims for reimbursement?



Don't ponder that question any longer. Flexible Benefit Service Corporation (Flex) has CrossTech®, which is the automatic, paperless submission of Flex125®, FlexMRP™ and FlexHRA® medical, prescription, and dental claims through Blue Cross® and Blue Shield® of Illinois (BCBSIL)-PPO plans only.

In order to take advantage of this claim submission process, you must have a PPO Plan through BCBSIL, and complete the Single Claim Submission Authorization Form.

Once you elect CrossTech, you will remain on CrossTech for each new plan year that you have a qualifying PPO plan. If you decide to cancel your CrossTech, there is a cancellation form which will need to be submitted.

Attached is the CrossTech election form and if you have questions, please feel free to call your Flex representative at (866) 472-0882.

Note: Paperless claim submission is only available to PPO participants. Adjusted claims are not processed through CrossTech and need to be submitted manually.

CrossTech® Single Claim Submission Authorization Form, Page Two



Contact Us Today!

www.myflexinfo.com

Sign up today and take advantage of the following benefits:

- Claims are submitted automatically; no need to wait for the EOB from the carrier
- Margin of error in processing a claim is decreased because the claims come directly from the carrier and are submitted to our system electronically
- Information is transferred over a secure line; not viewable by others
- The hassle of submitting claim forms has been eliminated
- Available to BCBSIL PPO Plan members (HMO Plan members, secondary coverage and domestic partner coverage are not eligible to participate in CrossTech)



CrossTech is not available under the conditions listed below:

- You are on a HMO Plan or any other plan which is not a BCBSIL PPO plan.
- You or your dependents have coverage under another health plan with coordination of benefits. For example, Medicare or secondary coverage with your spouse's plan.
- You are covering a domestic partner under your medical plan that is not your dependent for federal income tax purposes. The medical expenses of the domestic partner who is not your tax-qualified dependent are not eligible for reimbursement under a FSA, HRA or MRP plan.

PLEASE NOTE: This a Blue Cross® and Blue Shield® of Illinois (BCBSIL) requirement. Please complete form in full.

Contact Us Today!
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CrossTech® Single Claim Submission Authorization Form

Please Sign and Return this Form Immediately for FSA/HRA/MRP Single Claim Submission Authorization Form

For BCBSIL Medical and Dental Participants Only (NON-HMO)

Employer Name: _____

NOTE: ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

Please print information.

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Date of Birth: _____

SSN: ____ - ____ - ____

If you have **BCBSIL Medical and Dental**, you can elect to have *expenses that may or may not be covered by Blue Cross and Blue Shield automatically submitted to your FSA, MRP and/or HRA for reimbursement*. This is called Single Claim Submission. In order to activate Single Claim Submission, please sign this Single Claim Submission Authorization Form confirming you are eligible per the qualifications listed below and return it to Flexible Benefit Service Corporation (Flex).

If you do not have coverage under **BCBSIL Medical and Dental**, you have a HMO or other non PPO plan, secondary coverage (for example – Medicare) or have coverage for a domestic partner, you are not eligible for automatic Single Claim Submission for your health care flexible spending account.

AUTHORIZATION

In electing to have claims for reimbursement from my health care spending account automatically submitted, I authorize Blue Cross and Blue Shield of Illinois to disclose information about the medical care, diagnosis, treatment or advice provided to me and/or my dependents including, without limitation, information about AIDS or HIV, mental illness, and/or the use of drugs or alcohol. I understand that this authorization is valid for the plan year to which this waiver applies and may be revoked at any time. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois for reimbursement from my health care spending account.

SIGNATURE REQUIRED FOR PROCESSING

I certify that I am claiming reimbursement only for eligible expenses that have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Participant Signature: _____ Date: _____

Thank you for choosing the Single Claim Submission option.

Please send completed form to Flex.