



## Automatic Reimbursement Authorization

*This option allows eligible medical expenses that have been submitted to your Wellmark Blue Cross and Blue Shield health insurance plan to also be considered as a Medical Reimbursement Account claim. After claims are processed by Wellmark Blue Cross and Blue Shield the eligible medical expenses will automatically be directed to your Medical Reimbursement Account for further consideration. This option is not available for Limited Purpose Medical Reimbursement Accounts (i.e., if you, your spouse, or dependents make contributions to an HSA or receive HSA contributions from anyone else). This option is also not available for participants who plan to order a Blue Priority Flex Debit Card.*

### Authorization

I am enrolled in a Medical Reimbursement Account administered by Wellmark Blue Cross and Blue Shield I hereby authorize Wellmark Blue Cross and Blue Shield to treat my claims as if they are made under both the medical plan and the Medical Reimbursement Account. Wellmark Blue Cross and Blue Shield will use the Medical Reimbursement Account to reimburse me for deductible, coinsurance, and copayment amounts eligible under IRC Section 213 (d). Contract limitations will need to be filed manually. Furthermore, I certify that:

- **I have not & will not order Blue Priority Flex debit card.**
- **I have no other insurance coverage.** No family members covered under my medical and/or dental contracts have other insurance which covers the charges referenced above. If other coverage is obtained during the plan year, I will notify my employer immediately and revoke this agreement.
- **Neither my spouse, my dependents, nor I make contributions to an HSA or receive HSA contributions from anyone else.**
- **Only legitimate claims will be submitted.** All claims submitted to the Wellmark Blue Cross and Blue Shield medical plan(s) will be for expenses that are reimbursable under the terms of the Medical Reimbursement Account. I will not submit paper claims to the Flexible Benefits Department if these charges will be processed by the medical plan(s), since these claims will automatically be forwarded to my Medical Reimbursement Account.
- **I understand that previously processed claims will not be automatically reimbursed.** Claims incurred prior to the effective date of this authorization will not be reimbursed through this program and must be submitted manually.

## Direct Deposit Authorization

- The **Transit ABA Routing #** includes all of the numbers between the colons. Be sure to include any zeroes at the beginning or end.
- The **Account Number** includes all of the numbers after the second colon and before the mark "⑈". Be sure to include any zeroes at the beginning or end.

Mr. & Mrs. Ima Sample		2001-91
1234 Pretend Street		
Nonexistant, USA 00000		
PAY TO THE ORDER OF _____		_____ 20 _____
		\$ _____
		_____ DOLLARS
NOTTA BANK		NON-NEGOTIABLE
Somewhere, USA		
⑈ 2001-91 ⑈ 123456789010987654321⑈		

**Note:** If you are requesting direct deposit, you must attach a voided check for verification and reference. For any requests other than the beginning of your plan year, it will take two check cycles for the direct deposit authorization to be processed.