EBS-RMSCO, Inc.
Employee Benefit Solutions

Claims Exchange Election Form

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Date of Hire | Gender | Date of Birth

Email Address

Social Security Number (include dashes) | Phone Number

Claims Exchange

Check with your employer to see if your Plan qualifies for claims exchange. Claims exchange is also called A.C.T. which stands for Automatic Claims Transfer. Claims exchange is an automated claims payment feature where certain out-of-pocket expenses may be automatically transferred to your FSA/HRA account by your insurance provider. To activate claims exchange your Social Security number must be on file with your insurance provider. Claims exchange can apply to you and/or your eligible spouse/dependents. Claims exchange may be deactivated for your dependents when they attain a specific age (ie, age 26).

Claims exchange is not allowable if you or any of your dependents have Coordination of Benefits (COB) with other Plans. Claims exchange does not apply to participants who have an EBS One Card.

Carrier Information

Check the boxes if you are enrolled in any of these benefits through your employer. ❑ Medical; ❑ Dental; ❑ Vision; ❑ Rx

Claims Exchange Election

Please indicate your Claims Exchange preference by checking only one of the boxes below:

❑ No. I do not want to use Claims Exchange.

❑ Yes. I want Claims Exchange for both medical and dental claims.

***Note**: If you have Coordination of Benefits, please check the "No Claims Exchange" box, and submit your claims either on a Reimbursement Request form or file your claim online at www.ebsrmsco.com.*

Forms completed by participants with an EBS One Card or with Coordination of Benefits will be discarded.

- Please be sure to provide your SSN.
- For claims exchange to function, please be sure your insurance carrier has your SSN in their system.
- Mail to EBS-RMSCO, Inc., FSA Dept. 30 Perinton Hills Mall, Fairport NY 14450 or fax to 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

By submitting this form to EBS-RMSCO, Inc., I certify that my election is valid based on the terms of my Plan.

Participant Signature: _____ Date: _____