UMR

Health Care Flexible Spending Account
Automatic Reimbursement Enrollment Form

The automatic reimbursement feature gives you the ability to have claims automatically reimbursed from your health care flexible spending account (FSA). Claims administered by UMR with a patient responsibility (copay, deductible, coinsurance, other patient responsibility for eligible expenses) will automatically roll to the FSA for reimbursement. You will not have to file a separate claim form. By selecting this option, you certify that the expenses you are requesting through the FSA are expenses incurred by yourself or your eligible dependents and have not been reimbursed in any other way or from any other source.

The automatic reimbursement feature is not an option for members who:
- ***Coordinate benefits with other coverage (spousal coverage, Medicare, etc.).***
- ***Have a dependent covered under their plan who may not be eligible for health care flexible spending dollars. Please refer to your Summary Plan Description or consult with your tax advisor to verify who is an eligible dependent.***
- ***Currently utilize a prescription assistance program, discount card or coupon that alters the patient responsibility after insurance.***

If your employer has non-UMR administered plans, please consult with your employer or contact our customer service department, at the number listed below, to verify if UMR receives these claims.

If you would like this benefit, please complete this form and return it to UMR by fax, e-mail or address listed below.

Member Information (Please Print or Type)

Name _____ UMR Member Identification Number: _____

Do you want to elect automatic reimbursement?   ☐ Yes   ☐ No

Authorization

I also understand that the health care flexible spending account elections indicated on this form will remain in effect until a change is requested.

Signature _____Date _____

If you have any questions, please contact our customer service department at the number listed below.

PHONE: 800-826-9781
FAX TO: 877-390-4782 (toll- free)
SEND TO: UMR • P.O. Box 8022 • Wausau, WI • 54402-8022
E-MAIL INQUIRIES: umr-fsa@umr.com