



Waiver - Automatic Payment of Electronically Received Claims

Your employer has arranged for an automatic claim file transfer from your health carriers to Benefit Planning Consultants, Inc (BPC). With this arrangement, BPC receives claims electronically on your behalf, which are paid on the schedule predetermined by your employer. This process minimizes the paperwork for Flexible Spending Account (FSA) and/or Health Reimbursement Arrangement (HRA) which plan participants would otherwise be required to submit in order to receive reimbursement for such claims.

There are times, however, when automatic payment of claims is not appropriate (e.g. when employees are covered by secondary insurance or when a participant has planned to use the money at a specific time or for a specific medical service).

This waiver form allows you to withdraw from payments of claims received through the automatic claim file transfer process because of one or both of the below reasons:

- **Mandatory Waiver – Secondary Insurance**

If you have secondary insurance, you will be required to submit manual claims for reimbursement from your FSA and/or HRA. When submitting claims, include an Explanation of Benefits (EOB) from your secondary insurance provider to substantiate your claim.

- **Voluntary Waiver**

You may submit manual claims for FSA and/or HRA reimbursement and voluntarily withdraw from payments for claims received through the automatic claim file transfer.

WAIVER

Employer Name: _____

Participant Name: _____ SSN: _____

Insurance Carrier: _____

Reason(s) for Waiver: [] Mandatory - Secondary Insurance [] Voluntary

Effective Date: ____/____/____

Participant Signature

Date

This waiver shall remain in effect until notified in writing by the participant to reinstate automatic claims transfer.

REINSTATEMENT

I wish to revoke my waiver and reinstate automatic claim transfers, effective: ____/____/____

Participant Signature

Date