

EasyPay Enrollment Form



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ABOUT EASY PAY

The EasyPay program allows you and your eligible dependents to be reimbursed automatically from your qualifying FSA* or HRA* for eligible medical, vision, prescription, and dental expenses that are processed by PacificSource Health Plans. (*FSA = Flexible Spending Account; HRA = Health Reimbursement Arrangement.)

Exclusions and Terms

- You may elect either EasyPay or the Benny™ card, but not both. The most current election choice will override and cancel the other.
- Dual coverage: You cannot enroll in EasyPay if you or your eligible dependents are covered under more than one medical or dental insurance plan.
- Orthodontia expenses are excluded from Easy Pay.

EMPLOYEE INFORMATION

Participant's Last Name _____ First Name _____ M.I. _____ 11-digit Member ID # _____

Participant's Mailing Address (Street) _____ (Apt. #) _____ (City) _____ (State) _____ (ZIP) _____

Home Phone _____ Work Phone _____ E-mail Address _____ PacificSource Member ID # _____

Employer _____ PacificSource Group # _____

Address above is new

Please disenroll me from EasyPay

AUTHORIZATION

I acknowledge and understand the following:

- My eligible dependents (if applicable) and I are covered **only** under PacificSource health insurance.
- I will not seek reimbursement under any other plan for the medical, vision, prescription, or dental expenses, and I will not claim them as an income tax reduction.
- If PacificSource Administrators reimburses a claim and later determines an expense to be ineligible for reimbursement, I will be liable for repayment to my Flexible Spending Account or Health Reimbursement Arrangement, or will be subject to all applicable income taxes on amounts paid that relate to such expenses.
- My enrollment in EasyPay means that my Benny card (if applicable) will be cancelled. Additionally, if I elect the Benny card at a later date, I will be disenrolled from EasyPay.
- My enrollment in EasyPay will automatically renew each year. It is my responsibility to notify my employer if I, or my dependents, enroll in other health plan coverage during the Plan Year or at renewal.
- I will be disenrolled in the EasyPay program upon notifying PacificSource of other insurance coverage and will be required to send claim forms and documentation manually. Upon leaving employment, my enrollment in EasyPay will terminate. If I elect COBRA, I will need to submit claims manually.

Participant's Signature _____ Date: _____

Please return original to PacificSource Administrators and retain a copy for your records.