

EasyPay Enrollment Form



About EasyPay

The EasyPay program allows you and your eligible dependents to be reimbursed automatically from your qualifying health 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 benefit debit 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 EasyPay.
- Claims will be reimbursed through EasyPay as of the date this form is signed and going forward. Claims processed through PacificSource Health Plans prior to the EasyPay effective date should be submitted with a Request For Reimbursement form and supporting documentation for reimbursement.

Employee Information

Last name _____ First name _____ MI _____
PSA Member ID _____ Email address _____
Street address _____
City _____ State _____ ZIP _____
Home phone _____ Work phone _____
Employer _____ PacificSource group no. _____
 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, Inc. reimburses a claim and later determines an expense to be ineligible for reimbursement, I will be liable for repayment to my health FSA or HRA, or will be subject to all applicable income taxes on amounts paid that relate to such expenses.
- My enrollment in EasyPay means that my benefit debit card (if applicable) will be cancelled. Additionally, if I elect the benefit debit card at a later date, I will be disenrolled from EasyPay.
- My enrollment in EasyPay will automatically renew each year, as long as there is an active enrollment in place. It is my responsibility to notify my employer and PacificSource Administrators if I, or my dependents, enroll in other health plan coverage during the plan year or at renewal.
- I will be disenrolled from the EasyPay program upon notifying PacificSource Administrators 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.

Signature _____ Date _____

Please send this form to PacificSource Administrators and retain a copy for your records.

PO Box 70168, Springfield, OR 97475 | **541-485-7488, 800-422-7038**, TTY: 711 We accept all relay calls. | Fax 541-485-8759
PacificSource.com/PSA