



## Automatic Reimbursement Authorization

*This option allows eligible medical expenses that have been submitted to your Wellmark health insurance plan to also be considered as a Medical Reimbursement Account claim. After claims are processed by HealthEquity the eligible medical expenses will automatically be directed to your Medical Reimbursement Account for further consideration. This option is not available for Limited Purpose Medical Reimbursement Accounts (i.e., if you, your spouse, or dependents make contributions to an HSA or receive HSA contributions from anyone else).*

I am enrolled in a Medical Reimbursement Account administered by HealthEquity. I hereby authorize HealthEquity to treat my claims as if they are made under both the medical plan and the Medical Reimbursement Account. HealthEquity will use the Medical Reimbursement Account to reimburse me for deductible, coinsurance, and copayment amounts eligible under IRC Section 213(d). Contract limitations will need to be filed manually. Furthermore, I certify that:

- **I have no other insurance coverage.** No family members covered under my medical and/or dental contracts have other insurance which covers the charges referenced above. If other coverage is obtained during the plan year, I will notify my employer immediately and revoke this agreement.
- **Neither my spouse, my dependents, nor I make contributions to an HSA or receive HSA contributions from anyone else.**
- **Only legitimate claims will be submitted.** All claims submitted to the HealthEquity medical plan(s) will be for expenses that are reimbursable under the terms of the Medical Reimbursement Account. I will not submit paper claims to the Flexible Benefits Department if these charges will be processed by the medical plan(s), since these claims will automatically be forwarded to my Medical Reimbursement Account.
- **I understand that previously processed claims will not be automatically reimbursed.** Claims incurred prior to the effective date of this authorization will not be reimbursed through this program and must be submitted manually.
- **I understand that automatic reimbursement will not be possible if different identification numbers are used.** If a medical claim is processed under an identification number that is different than the number under which the Medical Reimbursement Account is listed, the unreimbursed charges arising from the claim will not be automatically applied to my Medical Reimbursement Account.

## Direct Deposit Authorization

<ul style="list-style-type: none"> <li>• The <b>Transit ABA routing #</b> includes all of the numbers between the colons. Be sure to include any zeroes at the beginning or end.</li> <li>• The <b>Account Number</b> includes all of the numbers after the second colon and before the mark "c". Be sure to include any zeroes at the beginning or end.</li> </ul>	<table border="1"> <tr> <td colspan="2">JOHN PUBLIC</td> <td>1234</td> </tr> <tr> <td colspan="3">123 Main Street</td> </tr> <tr> <td colspan="3">Your Town, FL 12345</td> </tr> <tr> <td colspan="2">PAY TO THE ORDER OF</td> <td>\$ <input type="text"/></td> </tr> <tr> <td colspan="3">Your Town Bank</td> </tr> <tr> <td colspan="3">Your Town, FL 12345</td> </tr> <tr> <td colspan="3">For</td> </tr> <tr> <td colspan="2">: <input type="text"/> : <input type="text"/> "</td> <td></td> </tr> <tr> <td>Routing Transit Number</td> <td>Account Number</td> <td>NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT</td> </tr> </table>	JOHN PUBLIC		1234	123 Main Street			Your Town, FL 12345			PAY TO THE ORDER OF		\$ <input type="text"/>	Your Town Bank			Your Town, FL 12345			For			: <input type="text"/> : <input type="text"/> "			Routing Transit Number	Account Number	NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT
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Note: If you are requesting direct deposit, you must attach a voided check for verification and reference. For any requests other than the beginning of your plan year, it will take two check cycles for the direct deposit authorization to be processed.