

EasyPay Enrollment Form



Please print responses. * = required field

Enrollment

Change

About EasyPay

The EasyPay program allows you and your eligible dependents to be reimbursed automatically from your qualifying Flexible Spending Account (FSA) for eligible medical, prescription, and dental expenses that are processed by PacificSource Health Plans, Moda, and MedImpact.

Exclusions and terms

- 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; you may submit a request for orthodontia reimbursement.
- 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 (indicate changes using check boxes; include only **new** information)

Employee last name* _____ Change First name,* MI _____

Member ID number* _____

Mailing address* _____ Change

City* _____ State* _____ ZIP* _____

Primary phone _____ Change Secondary phone _____ Change

Email (If provided, notifications may be sent via email) _____ Change

Employer name* **Legacy Health** _____ PacificSource group number **G0035912** _____

Participant authorization or waiver

I acknowledge and understand the following:

- My eligible dependents (if applicable) and I are covered only under the Legacy Employee Health Plan.
- 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 FSA, or will be subject to all applicable income taxes on amounts paid that relate to such expenses.
- 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 in 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.

Employee signature* _____ Date _____

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

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