

SelectAccount®

Dental Crossover Election Form

You can complete this form online at www.selectaccount.com

The dental crossover option makes it easier and faster to receive funds from your spending account. With dental crossover, eligible out-of-pocket expenses such as dental deductibles and/or coinsurance as indicated on your dental Explanation of Benefits will be electronically submitted from Delta Dental to SelectAccount and reimbursed from your spending account.

- Under the following circumstances crossover should **NOT** be selected - expenses for these situations cannot be reimbursed per IRS guidelines. If you are auto-enrolled in crossover, complete the "To decline dental crossover" section below:
 - **FSA accounts:** If you have a domestic partner or dependent covered by your health plan who is not a health dependent. (A health dependent is a tax dependent or your child up to the calendar year in which the child reaches age 27).
 - **HSA accounts:** if you have a domestic partner or dependent covered by your health plan who is not a tax dependent.
- If you're part of an employer group, dental crossover is only available if your group chooses to offer dental crossover to its employees.
- If your employer group chooses automatic crossover, you will be automatically enrolled in crossover. If you choose to not participate or do not qualify for crossover, decline crossover below. Check your plan materials carefully and/or discuss with your group leader.
- If your dental claim is adjusted after the crossover claim has been processed against your reimbursement account, you may receive excess payment. If this occurs, you will be responsible for returning the overpayment so your reimbursement account is credited for the overpayment.
- Once you have authorized crossover, there is no need to re-authorize in subsequent plan years unless you decline to participate in crossover. You may stop your crossover election at any time during the plan year by submitting a new form, choosing the "decline" option below.

To decline dental crossover

NO — By signing this form, I am indicating that I do not wish to be enrolled in the crossover feature for my reimbursement account(s).

To choose dental crossover

YES — By signing this form, I am indicating that I wish to enroll in the crossover feature for my reimbursement account(s).

By signing this form, I certify that such expenses will not be eligible for benefit payment by any other insurance carrier and that such expenses will not be manually submitted by me to this or any other health care reimbursement account, including a flexible spending account. If I manually submit claims to SelectAccount for expenses that will automatically be processed through crossover, I understand that SelectAccount may remove crossover from my account.

SelectAccount ID or SSN: _____

Employee Name: _____ Employee Signature: _____
(Please print)

Employee Email Address: _____

Employer Name: _____ Date: _____

Please allow 10-15 business days from the date this form is received by SelectAccount for your request to be processed.

Please return your completed form to:

SelectAccount

P. O. Box 64193

St. Paul, MN 55164-0193

Fax (651) 662-7247 or 1-866-231-0214

MII Life, Inc d.b.a. SelectAccount