

# Blue Cross Blue Shield of Wyoming FLEXSHARE BENEFITS HEALTH REIMBURSEMENT ARRANGEMENT

EMPLOYER: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ Effective date: \_\_\_\_\_

I hereby elect my benefit election for the HRA and POP plan.

The current plan year will be in effect from \_\_\_\_\_ through \_\_\_\_\_.

This election will be in effect until revoked by the employee or employer.

Health Reimbursement Arrangement \$ \_\_\_\_\_

## Premium Only Plan Agreement

- I have enrolled in certain employer sponsored insurance benefits.** I understand that my share of the premium for these insurance benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my taxable income will automatically be adjusted to reflect that increase or decrease.
- I decline to participate in this option for this plan year.**

## AutoPay Authorization

This authorizes FlexShare Benefits to electronic transfer from your Blue Cross Blue Shield of Wyoming group health insurance to your Health Reimbursement Account (HRA). Weekly, claims will be extracted from BCBS Wyoming claims processing system, uploaded to FlexShare Benefits processing system; eligible claims will AutoPay from your HRA **without submitting reimbursement forms** and documentation.

- By checking this box, you are authorizing FlexShare Benefits to AutoPay your claims.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date