



Employee Benefit Management Services, Inc.

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AUTO-FLEX ENROLLMENT FORM

Form with fields: Employer Name, Employer Group Number, Employees Last Name, First Name, Employee's ID Number, Address, E-mail Address, Daytime Phone, Home Phone

One of the options EBMS offers in conjunction with our Health Flexible Spending Account (FSA) service is called "Auto-Flex." The Auto-Flex feature allows eligible claims for you and your dependents to be automatically processed under your Health FSA (up to the amount you have elected for the current plan year), after the claims have been processed under your Health Benefit Plan for which EBMS provides administrative services.

If the Auto-Flex option is elected, it will be in place for all claims. All claims submitted to the Health Benefit Plan and processed by EBMS will also be submitted to the FSA plan. Therefore, if you have your FSA funds/elections "targeted" for specific expenses that you will incur, you may not want to elect Auto-Flex. However, if you do not have your funds/elections targeted for specific expenses, and would like the convenience of the automated processing procedures; you may want to elect this option. Election of Auto-Flex does not prevent you from submitting for reimbursement eligible expenses that do not process under your Health Benefit Plan.

Because of complications with coordination of benefits and Federal law, Auto-Flex cannot be elected by participants who have more than one health plan or health insurance covering themselves or any of the dependents covered under their Health Benefit Plan administered by EBMS. Auto-Flex also cannot be elected if your employer offers a FSA Debit Card.

The Auto-Flex option will not be carried over from the previous plan year. Participants will need to elect or decline this option each year. Please return this completed form to EBMS via fax 877.236.9868 or via e-mail flex@ebms.com.

I am claiming reimbursement only for eligible expenses incurred during the applicable period during any plan year and for eligible plan participants. The medical expenses will not be reimbursed or are not reimbursable under any other health plan coverage, and will not be claimed as an income tax deduction. I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to all claims. Unless an expense for which payment or reimbursement is claimed is a proper expense, I may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid which relate to such expense.

[] I elect Auto-Flex [] I decline Auto-Flex

Employee Signature _____ Date _____

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