



Employee Automatic Claims Transfer (ACT) Change Form

I. Employee Information

Employer Name: _____

Employee Name: _____

ID Number (SSN/Employee ID): _____

II. Automatic Claims Transfer (ACT) Change

If you participate in a Excellus BlueCross BlueShield medical or dental plan, your Flexible Spending Account (FSA), or Health Care Reimbursement Account (HRA) claims can be automatically reimbursed to you through ACT, unless you or any of your dependents have Coordination of Benefits with another medical or dental plan. Please indicate your ACT preference by checking only one of the boxes below:

No, I do not want the ACT feature for my medical or dental claims

Yes, I do want the ACT feature for my medical or dental claims

NOTE: If you or your dependents have Coordination of Benefits, you must select No for the ACT feature. You must submit your claims manually for reimbursement.

ACT cannot be selected if you have been issued an EBS Flex Card.

Signature _____

Date _____