

# Alternate Reimbursement Option Available!

A Spending Account Card has been included in your welcome kit. However, you can choose not to use the card and be automatically reimbursed for eligible healthcare expenses. No claim forms to file. No receipts to send in!

M-108044

## If you choose not to use your card and sign up for Automatic Claim Reimbursement:

(You should only consider this option if you are covered under your company's health and/or dental plans.)

- DO NOT activate your Spending Account Card.
- Complete the form below and send it to ADP.
- Once your healthcare claims are submitted to ADP by your company's health plans, you will automatically be reimbursed for your out-of-pocket healthcare expenses up to the amount available in your healthcare spending account and/or health reimbursement account. (Note: ADP may not receive claims data from all health plans.)
- Paper claims for other eligible healthcare expenses may still be filed.
- If you choose Automatic Claim Reimbursement now, you must remain with this option for the remainder of the plan year.
- At the beginning of each plan year, you can switch back to the Spending Account Card. To do so, please call the toll-free number on the back of the card to order a new one. The original card issued to you will have been deactivated.

## If you choose to use the ADP Spending Account Card:

- You are already authorized to use the ADP Spending Account Card. If you want to remain with this option, just call the activation number on the card. Remember:
  - The card cannot be used for dependent care expenses. Dependent care claims must be filed manually.
  - Paper claims for eligible healthcare expenses may still be filed.
  - Save all card transaction receipts in case of discrepancies.
- You may switch to Automatic Claim Reimbursement at any point during the plan year as long as you have not activated the ADP Spending Account Card. Once you switch, **DO NOT** use the card for future purchases. You cannot switch to Automatic Claim Reimbursement once the card has been used.



**Sign up today!** If you have questions, please call the toll-free number on the back of your card.

Check here to select Automatic Claim Reimbursement. **You will not be able to use the enclosed card for the remainder of the plan year.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

Please mail form to:

ADP  
P.O. Box 34700  
Louisville, KY 40232-4700

or Fax form to:

1-866-643-2219