

## AUTO FLEX ENROLLMENT

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One of the options of the Flex Plan is called "Auto Flex". This allows claims for you and your dependents, once processed under your Health Benefit Plan to which EBMS provides administrative services, to be automatically processed under the unreimbursed medical portion of the Flex Plan, up to the amount that you have elected for the current Flex plan year.

If this option is elected, it will be in place for all claims. All claims submitted to the Health Benefit Plan, to which EBMS provides administrative services, will also be submitted to the Flex Plan. Therefore, if you have your contribution "targeted" for a specific expense that you will incur, for example, in December, you may not want to elect "Auto Flex".

On the other hand, if you do not have your contribution targeted for a specific expense, but would like the convenience of the automated processing procedures, you may want to elect this option.

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 policy covering themselves or any of the dependents covered under their health plan.

**The Auto Flex option will not be carried over from the previous Flex plan year. Participants will need to enroll each year.**

To facilitate proper claims processing, please complete the requested information and sign on the appropriate line below. PLEASE ATTACH THIS TO YOUR ENROLLMENT FORM.

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Group Name

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Identification Number

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Print Employee Name

I am claiming reimbursement only for eligible expenses incurred during the applicable 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 fully 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 hereby elect Auto Flex

I hereby decline Auto Flex

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Employee's Signature

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Date