

**Medical Mutual**

MZ: 44-2W-8317
2060 East Ninth Street
Cleveland, Ohio 44115-1355

Phone Number: (800) 525-9252
Fax Number: (440) 878-4890

Automatic Rollover of Healthcare Claim Waiver Form

Instructions

If you have group medical, dental and/or prescription coverage through Medical Mutual, your medical claims will be automatically submitted to your health flexible spending account (FSA). Before you waive the automatic rollover feature, please consider the following:

- By electing to have all claims automatically roll to your health FSA, you are substantiating that all expenses submitted are not covered by any other insurance plan.
- If you have secondary health coverage or are using your health FSA for reimbursement of specific out-of-pocket expenses, you must elect to waive the automatic rollover and submit claims directly as needed throughout the year.
- If you do not have Medical Mutual health insurance, submitting the waiver form is optional. Because your insurance is with a different carrier, no claims information will be exchanged. You will submit claims directly, as needed, throughout the year.

If you participate in Medical Mutual health insurance and a health FSA, you will be enrolled in this feature until you submit this waiver form. If you previously submitted a waiver, we will only process claims submitted with a completed claim form. You won't have to submit a waiver again.

To waive the automatic rollover option, complete all the information below and sign and date the bottom of the form. You can fax the completed form to (440) 878-4890 or mail it to the address above. If you have questions, please call Customer Care at (800) 525-9252. We are available Monday through Friday from 8 a.m. to 5 p.m.

General Information

Employer	Employee Name	Phone Number
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Authorization

Employee Signature	Date
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