



Flexible Spending Account (FSA) Enrollment Form

Account Holder Profile Information

First Name*:	Last Name*:	SSN*:
Date of Birth*:	Email Address*:	
Mailing Address Line 1*:		
Mailing Address Line 2:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire:	Employer:

Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. These elections cannot be changed until the beginning of the next plan year or if I have a qualifying event such as marriage, divorce, death, or birth. I will only submit claims for reimbursement or through my VISA that are eligible. If I am reimbursed for a claim that wasn't eligible, I will be responsible for paying the ineligible amount back into the plan through sending payment or having it deducted from my paycheck.

Effective Date:	1 st Payroll Deduction Date:
Flexible Spending Account	Employee Annual Election: \$
Dependent Care FSA (if applicable)	Employee Annual Election: \$
limited Purpose FSA (if applicable)	Employee Annual Election: \$

Authorization

Signature _____	Employer Authorization
Date _____	_____

Debit Card and Direct Deposit Information

- A Debit Card will automatically be issued in the account holders name and shipped to the address above. Once the enrollment is processed it should arrive within 10-14 days.
- If you already have a Consumer Health Solutions or Cross Insurance Debit Card, you will **not** receive a new card.
- You will receive an enrollment email sent to the email listed above with login instructions for our online portal.
- Please log into the portal and add your direct deposit information for any reimbursements from your FSA. You will be asked to complete a **Bank Verification** process. Instructions are displayed in the portal.

Consumer Health Solutions: Monday—Friday 8:30 AM-4:30 PM EST



Voicemail:
(877) 230-8650



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Fax: (978) 451-0981



Download the “**Consumer Health Mobile**” App on iPhone or Android to view your balance, use the Eligible Expense Scanner, add direct deposit, and submit claims for reimbursement.