

EasyPay Enrollment Form



P.O. Box 70168 ♦ Eugene, OR 97401
Phone (541) 485-7488 ♦ (800) 422-7038
FAX (541) 485-8759 ♦ (800) 575-1109
www.manleyplan.com

ABOUT EASY PAY

The EasyPay program allows you and your eligible dependents to be reimbursed automatically from your qualifying FSA* or HRA* for eligible medical, vision, prescription, and dental expenses that are processed by PacificSource Health Plans. (*FSA = Flexible Spending Account; HRA = Health Reimbursement Arrangement.)

Exclusions and Terms

- You may elect either EasyPay or the Benny™ card, but not both. The most current election choice will override and cancel the other.
- Dual coverage: You cannot enroll in EasyPay if you or your eligible dependents are covered under more than one medical or dental insurance plan.
- Domestic partner: Per IRS rules, if you have a domestic partner enrolled on your health plan, you are not eligible to enroll in EasyPay.
- Orthodontia expenses are excluded from Easy Pay.

EMPLOYEE INFORMATION

| | | | |
|---|---|----------------|---------------------------|
| Participant's Last Name | First Name | M.I. | 11-digit Manley ID # |
| Participant's Mailing Address (Street) | (Apt. #) (City) | (State) | (ZIP) |
| Home Phone | Work Phone | E-mail Address | PacificSource Member ID # |
| Employer | PacificSource Group # | | |
| <input type="checkbox"/> Address above is new | <input type="checkbox"/> Please disenroll me from EasyPay | | |

AUTHORIZATION

I acknowledge and understand the following:

My eligible dependents (if applicable) and I are covered **only** under PacificSource health insurance. I do not have a domestic partner on my health insurance policy.

I will not seek reimbursement under any other plan for the medical, vision, prescription, or dental expenses, and I will not claim them as an income tax reduction.

If Manley reimburses a claim and later determines an expense to be ineligible for reimbursement, I will be liable for repayment to my Flexible Spending Account or Health Reimbursement Arrangement, or will be subject to all applicable income taxes on amounts paid that relate to such expenses.

My enrollment in EasyPay means that my Benny card (if applicable) will be cancelled. Additionally, if I elect the Benny card at a later date, I will be disenrolled from EasyPay.

My enrollment in EasyPay will automatically renew each year. It is my responsibility to notify my employer if I, or my dependents, enroll in other health plan coverage during the Plan Year or at renewal.

I will be disenrolled in the EasyPay program upon notifying PacificSource of other insurance coverage and will be required to send claim forms and documentation manually. Upon leaving employment, my enrollment in EasyPay will terminate. If I elect COBRA, I will need to submit claims manually.

Participant's Signature _____ Date: _____

Please return original to Manley Services and retain a copy for your records.