



## FSA AUTO-PAY ENROLLMENT FORM

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Participant's Name *(please print)*

Social Security Number

By enrolling in the Flexible Spending Account (FSA) Auto-Pay option, you will receive automatic payment for eligible Internal Revenue Code § 213 medical, dental, vision and prescription expenses processed by OEA Choice Trust for you and your eligible dependents. Orthodontia expenses are excluded from Auto-Pay.

**Dual Coverage: Because of complications with Coordination of Benefits, you cannot enroll for Auto-Pay if you or your eligible dependents are covered under more than one medical, dental, vision or prescription insurance plan. You will also be required to terminate the Auto-Pay if you or your eligible dependents enroll with another insurance plan in addition to your OEA Choice Trust health plan.**

By signing this enrollment form, I acknowledge and understand the following:

1. I (and my eligible dependents) are covered only under OEA Choice Trust for our health insurance.
2. The medical, dental, vision and prescription expenses will not be reimbursed or are not reimbursable under any other health plan coverage and will not be claimed as an income tax reduction.
3. If it is determined that a reimbursed claim is an ineligible expense, I will be liable for repayment to my Flexible Spending Account.
4. It is my responsibility to notify my employer if I, or my dependents, become eligible for other health plan coverage during the flex plan year or at renewal. I will be termed in the Auto-Pay option upon notifying OEA Choice Trust of other insurance coverage and will be required to send claim forms and documentation manually.
5. I understand that my enrollment in Auto-Pay will be terminated upon leaving employment. If I elect COBRA, I will need to submit my claims manually.

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Participant's Signature

Date

*To terminate your participation in the Auto-Pay option, please contact the Accounting Department of OEA Choice Trust at 1-800-452-0914 or 503-620-3822, or send us an email, fax or letter requesting to have this option removed. Removal is effective immediately and reimbursement requests will need to be sent manually.*

E-mail: [accounting@oeachoice.com](mailto:accounting@oeachoice.com)

Fax #: (503) 495-6264

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