HDHP Deductible Met Form

How to file your request:

Online: Log into your benefits portal or use the MyChoice Mobile App to submit your claim electronically
Via email, fax or mail: Fill out your form electronically and submit via email, fax, or mail.

- **Email**: claims@mychoiceaccounts.com **Fax**: 855-883-8542
- **Mail**: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

This form should be used when:

You are requesting to have your Limited Purpose Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) switched to a Full Purpose plan, to submit claims for Medical and/or Pharmacy related expenses after the statutory minimum annual deductible has been met.

To ensure your submission is processed:

1. You must be enrolled in a High Deductible Health Plan (HDHP) for the plan year which your request is made.
2. Submit proper documentation which clearly reflects:
   a. **Proof of when** you and/or your family met the required minimum annual deductible.
   b. Annual deductible was **met with in-network expenses** (out-of-network expenses do not qualify).
   c. An explanation of benefits (EOB) from your healthcare provider should provide this information.
3. Wait at least 5 business days before submitting any claims for medical or pharmacy to allow for processing of this request.

SECTION 2: YOUR TRANSIT EXPENSES

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

COMPANY NAME

EMPLOYEE LAST NAME

EMPLOYEE HOME ZIP CODE

EMPLOYEE EMAIL

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

Select the annual deductible met, based on the level of coverage and provide the date which deductible was met.

Level of Coverage	Annual Deductible	Date Statutory Minimum Was Met (MM/DD/YY)
Single	☐ $1,400* or more	/ /
Family	☐ $2,800* or more	/ /

**Annual deductibles reflected are as of 01/01/2020.*

SECTION 3: CERTIFICATION

By submitting this form, I certify and understand that:

- Submission of this form and the documentation provided with this request are proof of having met the statutory minimum annual deductible as directed by the IRS.
- Once this request is approved and processed, my Limited Purpose Flexible Spending Account or Health Reimbursement Account will pay all Section 213(d) eligible expenses, up to my annual election, for the current plan year.
- Any medical and/or pharmacy expenses incurred prior to the date which I met the statuary minimum annual deductible will not be eligible for reimbursement through my Flexible Spending Account or Health Reimbursement Account plan.
- After I have been reimbursed up to my current annual election, or the plan year has ended and the claims run-out exhausted, I will not be eligible to submit additional claims against my Flexible Spending or Health Reimbursement Account.

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