

Electronic Claims Processing Authorization for SBC Medical Care Flexible Spending Account Participants

SHPS Control Number 10126 for Plan Year 2005

For Participants of Health Care Plans Administered by
Blue Cross and Blue Shield of Illinois Only

(Excludes HMOI Participants)

If you elect coverage under a medical care flexible spending account (FSA) for 2004, you can choose to have your eligible out-of-pocket expenses (e.g., copayments, coinsurance and deductibles) automatically submitted to SHPS (SBC's FSA claims administrator) for reimbursement from your medical care FSA. If you want to take advantage of this new electronic claims process, you must activate the process by completing and signing this Authorization Form and returning it to SHPS at the address below.

NOTE: ALL INFORMATION MUST BE COMPLETED FOR PROCESSING

Please Print

First Name

M.I. Last Name

For SHPS Use Only: Effective Date

File Number

AUTHORIZATION

In electing to have claims for reimbursement from my medical care FSA automatically submitted to SHPS, I authorize Blue Cross and Blue Shield of Illinois to disclose information about the medical care, diagnosis, treatment or advice provided to me and/or my dependents including, without limitation, information about AIDS or HIV, mental illness and/or the use of drugs or alcohol. I understand that this authorization is valid for the plan year specified above and may be revoked at any time by calling SHPS. I also understand that any information disclosed under this authorization will be made available to me upon request. I further understand that without this authorization, my claims and claims for my dependents cannot be automatically submitted by Blue Cross and Blue Shield of Illinois to SHPS for reimbursement from my medical care FSA.

SIGNATURE REQUIRED FOR PROCESSING

I certify that I am claiming reimbursement only for eligible out-of-pocket expenses that have not been previously reimbursed. I further certify that these eligible expenses will not be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Participant Signature

Date

DO NOT FAX THIS FORM. PLEASE RETURN THE ORIGINAL SIGNED FORM TO THE ADDRESS LISTED BELOW.

Please mail to:
SHPS, Inc.
11405 Bluegrass Parkway
Louisville, KY 40299

Note: This Authorization Form will not enroll you in medical coverage or a medical care FSA for 2004.