



Streamline Enrollment

What is it?

If you are a member of an Aetna medical, dental or pharmacy plan, Streamline is a way for you to have your Health Care Spending Account claims paid without filling out a claim form.

How does it work?

If you enrolled in an Aetna Health Care Spending Account (HCSA) and go to an in-network provider, you make your copayment but do not need to fill out a spending account claim form for reimbursement. The provider will initiate the claim payment process with Aetna. Our medical system will interface with our spending account system, and automatically process the copay/out-of-pocket expenses. If you go to an out-of-network provider, and in accordance with the medical plan need to file a claim to be reimbursed for the medical expenses, you do not need to file for the spending account claim. Whatever is not covered by Aetna's medical, dental or pharmacy plans will automatically roll to the spending account. You do not have to complete a separate claim form unless you have an expense that is not processed through these plans. Additionally, there is no need to send copay receipts for submission.

When would I NOT select this feature?

Because the Streamline feature operates automatically, you **should not** elect the Streamline feature if all or a portion of the medical expenses you submit to your medical plan would not be eligible for submission to your HCSA. There are two circumstances where this can happen:

- You or your dependents have coverage under another health plan with coordination of benefits. In accordance with IRS guidelines, the HCSA must be the last plan to pay.
- You are covering a domestic partner under your medical plan who is not your dependent for federal income tax purposes. The medical expenses of the domestic partner who is not your tax qualified dependent are not eligible for reimbursement under the HCSA.

How do I elect Streamline?

If you signed up for a Health Care Spending Account and have Aetna medical, dental or pharmacy coverage, determine if Streamline will work for you. If you determine that Streamline will work for you, you need to make the Streamline election at the time you enroll for your FSA. Complete this form and return to Aetna at the address listed on the bottom of the form.

Name (Last, First, Middle Initial)	Social Security Number - -
Employer Name	Control Number

Please read, sign and date the following section to enroll in the Streamline option.

By my signature below, I hereby request reimbursement for all eligible medical and/or dental expenses (as defined by IRS guidelines), from my Health Care Spending Account for the entire plan year. I understand that any/all amounts not reimbursed under my benefits plans will automatically be paid from my Health Care Spending Account for each claim submitted by the provider of service or myself. I also understand that once I have been reimbursed up to my annual election, an Explanation of Payment will not be produced for any further claims for the plan year. I certify that neither I nor any of my dependents have any other health coverage and that the expenses automatically reimbursed will not be submitted for payment under any other plan. I further declare that I will not deduct these expenses on my federal income tax return.

Signature _____ Date _____

**Please return completed form to: Attn: FSA Streamline
Aetna Life Insurance Company
P.O. Box 4000
Richmond, KY 40476-4000**