Automatic Reimbursement Waiver/Election Change Form

If you elected a Health Flexible Spending Account (FSA) and are also participating in the medical plan through Fiserv Health, you are enrolled in Automatic Reimbursement. Under this option, out-of-pocket expenses, such as co-pays, deductibles and coinsurance will automatically be applied to your FSA. If you choose not to take advantage of this feature, or stop or start it at any time, please complete this form and return to:

Fiserv Health
P.O. Box 8022
Wausau, WI 54402-8022
Toll-Free Fax (877) 390-4782

Note: You need to waive the Automatic Reimbursement Option if you will be coordinating benefits with another health plan.

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Employee Name Member/Alternate ID

☐ I wish to waive Automatic Reimbursement.

☐ I wish to stop Automatic Reimbursement, effective _____.
enter date

_____ _____

Signature Date

FISERV HEALTH
115 W WAUSAU AVE • WAUSAU WI 54401 • (800) 826-9781 Ext. 2189
MAILING ADDRESS: PO BOX 8022 • WAUSAU WI 54402-8022 • FAX (877) 390-4782