



COVENTRY CONSUMER CHOICESM



Smart Payment (Spend or Save) Change Form

Please complete the following form if you would like to change your Smart Payment crossover option.

EMPLOYEE INFORMATION (Please Print)

_____ Employer Name		_____ Group Number		
_____ Employee Name (Last, First, MI)		_____ Member ID Number		
_____ Address	_____ City	_____ State	_____ Zip Code	(____)_____ Daytime Phone Number
_____ Email Address (REQUIRED)				

SMART PAYMENT CROSSOVER OPTION

Select the Coventry Consumer Choice product(s) that apply:

- FSA HRA

I am electing to change my Smart Payment crossover option to the following:

- Spend** - Member responsible eligible expenses (deductible, copay and coinsurance) associated with the medical and pharmacy plan are automatically adjudicated and available funds are paid to the member or provider.
- Save Review** - Members will be allowed to direct their payments on an individual claim basis. They can “save” their funds and then actively release each claim to a provider or themselves. They can also decide not to pay a claim.
- Save** - Members must submit all reimbursement requests manually using the HRA or FSA reimbursement form.

NOTE: The Smart Payment crossover change request will apply only to future claim reimbursements and will stay in effect until employee submits new crossover change request. To save processing time you can make Smart Payment crossover changes online by visiting My Online Services at the website noted on your ID card.

EMPLOYEE AUTHORIZATION

Employee Signature: _____ Date: ____/____/____

Print Name: _____

Mail your completed form to:

Coventry Consumer Choice, PO Box 7758, London, KY 40742 or fax to (606) 330-1377