



Streamline Cancellation

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 Flexible Spending Account claims paid without filling out a claim form. Your employer has automatically enrolled you in the Streamline option if you have signed up for a Health Care Flexible Spending Account. See below for instructions if you choose to cancel the Streamline option.

How does it work?

If you enrolled in an Aetna Health Care Spending Account (HCSA) 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 or dental plans will automatically roll over to the spending account. The medical and dental will automatically roll via Streamline. 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 cancel Streamline if I have a coordination of benefits?

If you signed up for a Health Care Spending Account and determine that Streamline will not work for you, you need to cancel the Streamline election. 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	

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

By my signature below, I hereby request that Aetna cancel my enrollment in the Streamline option. I understand that all claims that I incur will have to be submitted manually.

Signature _____ Date _____

**Please return completed form to: Aetna FSA
10275 W. Higgins Road, Suite 500
Rosemont, IL 60018
Phone: 1-866-472-0897
Fax: 1-847-332-0335**