



# 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 Reimbursement Arrangement (“HRA”) claims paid without filling out a claim form. Your employer has automatically enrolled you in the Streamline option if you have signed up for an HRA. See below for instructions if you choose to cancel the Streamline option.

## How does it work?

Under Streamline, once a claim is paid by Aetna under your medical plan, the out-of-pocket portion of the claim is automatically submitted by the Aetna medical system to your HRA. That out-of-pocket portion is then reimbursed to you from your HRA. Under Streamline, you do not need to file a paper claim form in order to receive reimbursement!

## When would I **NOT** select this feature?

Because the Streamline feature operates automatically, you **should cancel** 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 HRA. For example:

- You or your dependents have coverage under another health plan with coordination of benefits. In accordance with IRS guidelines, the HRA 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 HRA.

## How do I cancel Streamline feature?

If you signed up for an HRA and determine that Streamline will not work for you, you need to cancel the Streamline feature. To cancel this feature, complete this form and return to Aetna at the address listed on the bottom of the form.

### Employee Information

Name (Last, First, Middle Initial)	Social Security Number
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### Plan Sponsor Information

Name
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### 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 feature. I understand that all claims that I incur will have to be submitted manually.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to: Aetna**  
**10275 W. Higgins Road, Suite 500**  
**Rosemont, IL 60018**  
**Phone: 1-866-472-0897**  
**Fax: 1-847-332-0335**  
**E-mail: [aetnasupport@flexiblebenefit.com](mailto:aetnasupport@flexiblebenefit.com)**