



Please return vial mail or fax to:

Benefit Solutions, Inc. (BSI)
 PO Box 6
 Mukilteo, WA 98275
Fax: 425-771-1226
ATTN: WFB Deductible/OOP Credit

| | | | |
|------------------------------------|----------------------|--------------|---------------|
| DATE (mm/dd/yyyy) | GROUP EFFECTIVE DATE | GROUP NUMBER | MEMBER NUMBER |
| COMPANY NAME | | | Awb.jpg |
| COMPANY ADDRESS (city, state, ZIP) | | | |
| MEMBER NAME (please print) | | | |
| MEMBER ADDRESS (city, state, zip) | | | |

Deductible & Out of Pocket Credit Form

- A **FULLY COMPLETED DEDUCTIBLE & OUT OF POCKET (OOP) CREDIT FORM MUST BE RECEIVED BEFORE CREDIT CAN BE APPLIED TO YOUR NEW PLAN. OOP CREDIT INCLUDES COINSURANCE, MEDICAL & RX COPAYS.**
- **Appropriate documentation is required to process your credit information.**
 Please attach a copy of an **Explanation of Benefits (EOB)** from your previous carrier. This EOB should list deductible and OOP dollars for each family member separately, illustrating previous deductible and OOP credit satisfied. Or, you may provide us with a report from your prior carrier that contains the following information: prior carrier name, member name, member date of birth, and amount of medical deductible and OOP satisfied for the **current** calendar year for each family member.

MEDICAL

| MEMBER'S NAME (List your name and the name of each covered family member) | DATE OF BIRTH (mm/dd/yyyy) | DEDUCTIBLE \$ CREDITED THIS YEAR _____ | OUT OF POCKET \$ CREDITED THIS YEAR _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------------------------|
| EMPLOYEE | | \$ | \$ |
| SPOUSE | | \$ | \$ |
| CHILD | | \$ | \$ |
| CHILD | | \$ | \$ |
| CHILD | | \$ | \$ |
| CHILD | | \$ | \$ |
| I certify that the expense information I have provided is true and complete. I have attached required credit documentation for each member listed on this form. REQUESTOR SIGNATURE: | | | |