JOINT PROCESSING - YOU HAVE A CHOICE



Please print clearly

THIS OPTION MUST BE ELECTED EACH PLAN YEAR

Joint Processing is a service for those clients who have a Health Plan and a Flex Plan administered by Allegiance Benefit Plan Management, Inc. When you elect Joint Processing, you receive reimbursement automatically for out-of-pocket expenses you owe after your health plan has evaluated your claim. You do not have to wait to receive your Explanation of Benefits (EOB) from the Health Plan, make copies of the EOB and

then send the EOB back to Allegiance Bene		·	
reimbursement. BUT, Joint Processing is no	ot for everyone! If you have	a secondary insurance for anyon	ne in
your family who is also covered on your Em	ployer's Health Plan, you sl	hould not be on Joint Processin	g. You
must first submit claims to both insurance o	earriers, then send copies o	f the EOB's from both carriers to	the
Flex Plan using a claim form.			
Or you may want to choose which claims to	submit to your Flex Plan a	nd in what time frame.	
YES, include me in Joint Processing. Ne	ither I nor other covered m	embers of my family have a	
secondary insurance.			
*Effective date of this election			
□ NO, do not include me in Joint Processi:	ng. I will submit all claims.		
COMPANY NAME:			
PRINTED NAME:			
PARTICIPANT ID NUMBER:			
EMPLOYEE SIGNATURE:		DATE:	
*Joint Processing can be implemented retroactivel	y. Please indicate the date you v	want to enroll.	
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For Allegiance use only			2014
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