



## HEALTH PLAN DEDUCTIBLE/TAX LIMIT VERIFICATION FORM

Use this form to verify that your medical deductible/tax limit has been met and to remove the limited status from your personal spending account.

Account Holder Information (please print)			SelectAccount ID #								
			S	A							
Last Name First Name Middle Initial			Social Security # (if SA# is not known)								
Street Address											
City State Zip			Daytime Phone								
Email address Employer's Name											
Health Plan Deductible/Tax Limit Information (please print)											
<b>All fields in this section must be completed. If information is missing, the personal spending account will remain limited until all information is received.</b>											
Health Insurance Carrier Name: _____											
Health Insurance plan is:											
<input type="checkbox"/> Individual Health Plan											
<input type="checkbox"/> Family/Dual Coverage Health Plan											
The health plan deductible/tax limit has been satisfied for the plan year _____ as of _____. (year) (date)											
<input type="checkbox"/> I am attaching an explanation of benefits or some other documentation from my health insurance carrier that is proof of the deductible/tax limit being met.											
<input type="checkbox"/> In the absence of an EOB or other documentation, I have a signature from my health insurance carrier below certifying that the deductible/tax limit has been met.											
Health Insurance Carrier Representative Signature: _____ (person completing this form)											
Signature Date: _____ Phone Number: _____											
Account Holder Signature											
I certify that the information listed above is true.											
_____ Account Holder Signature Date											

**Save time: submit this information online.** Questions? Call Member Services at (651) 662-5065 or 1-800-859-2144.

**Submit online:**  
Log into your account at  
[www.SelectAccount.com](http://www.SelectAccount.com)

**Send via secured email only:**  
[SelectAccount.documents@SelectAccount.com](mailto:SelectAccount.documents@SelectAccount.com)

**Fax to:**  
651-662-7247  
866-231-0214

**Mail to:**  
P.O. Box 64193  
St. Paul, MN 55164-0193