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 Be	enefit Plan Management, Inc.	with a claim form to wait for y	our Flex
reimbursement. BUT, Joint Processing is	not for everyone! If you have	a secondary insurance for any	yone in
your family who is also covered on your	Employer's Health Plan, you s	hould not be on Joint Process	ing. You
must first submit claims to both insuran	ce carriers, then send copies o	f the EOB's from both carriers	s to the
Flex Plan using a claim form.			
Or you may want to choose which claims	s to submit to your Flex Plan a	nd in what time frame.	
☐ YES, include me in Joint Processing.	Neither 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 Processing. I will submit all claims.			
COMPANY NAME:			
PRINTED NAME:			
PARTICIPANT ID NUMBER:			
EMPLOYEE SIGNATURE:		DATE:	
*Joint Processing can be implemented retroact	ively. Please indicate the date you	want to enroll.	
For Allegiance use only			2014
Group Number:	te Completed:	Entered By (initials)	