



Health Care Account Streamlined Submission Participation Form

Return your completed form to:
Aetna, FSA-MC3N
151 Farmington Avenue
Hartford, CT 06156
or by fax: 860-636-0054

About Streamlined Submission

Streamlined Submission is a convenient way for you to be reimbursed for eligible Health Care Spending Account claims—without filling out a claim form.

Eligibility

You are eligible to participate in Streamline Submission if you are covered under one of the medical and/or dental options offered under Merck's Flexible Benefits Program administered by Aetna— and you also elect to participate in Merck's Health Care Spending Account. IRS guidelines require that your health care spending account be the last plan considered for payment of benefits. So, if you and/or any of your dependents have coverage elsewhere (e.g., through your spouse's/ Same-Sex Domestic Partner's employer) and the Aetna options in which you are covered under the Merck Flexible Benefits Program are primary, you are not eligible to participate in Aetna's Streamlined Submission Program. If you have questions about your eligibility, please contact the Merck Benefits Service Center at 800-66-MERCK (800-666-3725).

The Reimbursement Process

In-Network and Aetna Managed Care Options

Once enrolled in the Streamlined Submission Program, your in-network providers will initiate the claim process with Aetna (after you have paid your co-payment). Then, Aetna's medical system will interface with Aetna's spending account system, and automatically submit your co-payment for reimbursement from your Merck Health Care Account.

Out-of-Network or Non-Managed Care Options

If you go to an out-of-network provider, you will need to file a medical claim form with Aetna (in accordance with the medical option in which you are enrolled) to be reimbursed for covered medical expenses. However, you will no longer need to submit a Health Care Account Reimbursement form—or any co-pay receipts for reimbursement, as eligible Health Care Account expenses will automatically be submitted for reimbursement.

Pre-Paid Expenses

Claims for expenses that are partially covered by my healthcare option, such as pre-paid orthodontia expenses, are reimbursable for the monthly payment amount that exceeds the paid insurance portion on the EOB. Reimbursement cannot exceed expenses associated with services incurred during the current plan year. For orthodontia expenses for which there is no healthcare coverage, prepaid expenses are reimbursable for the component of the expense related to services incurred during the current enrolled plan year. (Reimbursement requests for subsequent plan years must be resubmitted.)

Eligible expenses that are not reimbursed through Aetna—such as expenses for prescription drug coverage, must continue to be submitted using an Aetna Health Care Account Reimbursement form.

Participation

Complete the following section to enroll—or discontinue participation—in the Streamlined Submission Program.

Table with 5 columns: Last Name, First Name, M. I., Social Security Number, Enroll me for this Benefit Plan Year, Discontinue

By enrolling, I hereby request reimbursement for all eligible medical and/or dental expenses (as defined by IRS guidelines), from my Health Care Account for the entire plan year. I understand that any/all eligible expenses not reimbursed under the terms of the medical and/or dental coverage option in which I am enrolled under Merck's Flexible Benefits Program will automatically be paid from my Health Care Account for each claim submitted by the provider of service or myself. I also understand that once I have been reimbursed up to my annual election, an Explanation of Payment will not be produced for any further claims for the plan year. I certify the expenses for which reimbursement is claimed will be incurred by me and/or my eligible dependents prior to the date on which a claim for reimbursement is automatically submitted and have not been reimbursed and are not reimbursable under any other health plan coverage. I further declare that I will not deduct these expenses on my Federal Income Tax return. I agree that I will notify Aetna immediately in the event that the information to which I am certifying becomes untrue or incorrect. I understand that I must submit a new form for each benefit plan year that I wish to participate in Streamlined Submission.

Signature

Date

Same-sex Domestic Partners as defined by Merck.