



Deductible Verification Form

Use this form to notify Optum Bank that you have met your health insurance deductible and you are enrolled in a combination FSA or HRA plan that allows reimbursement of medical expenses once your deductible is met.

Questions? Please visit us online or call us at the number on the back of your debit card if you have any questions while completing this form.

*Required

HA MCDH FSA HRA DEDUCT

1 Employee Information

Employer/Plan Sponsor Name*:	Employee ID/Number*:
Employee Name*:	Last 4 of SSN*:
Plan Year Start Date*:	Plan Year End Date*:
Date Deductible Was Met*:	Deductible Amount*\$:

2 Employee Authorization

To the best of my knowledge and belief, my statements on this form are complete and true. I have satisfied my health insurance deductible and would now like to receive reimbursement from my spending account for eligible health care expenses.

x

Employee Signature*

Date*

Where to return your form?

By Mail: Optum Bank, P.O. Box 30516, Salt Lake City, UT 84130

By Email: optumclaims@prod.sourcehov.com

By Fax: 1-855-244-5016