

Member Information	
Name: _____	Spending Account ID or SSN: _____
Employer Name: _____	
Option Section	
<input type="checkbox"/> I do not wish to have my HSA account accessed for any claims processed by Further. This includes claims received manually or from BCBSMN through the Crossover feature.	
<input type="checkbox"/> I authorize Further to have my HSA account accessed for any claims processed by Further. This includes claims received manually from BCBSMN through the Crossover feature.	
Signature	
I understand that Further will process claims in accordance to my decision. If I choose at any time during the plan year to change my preference, I can do so by submitting a new HSA Account Access form to Further.	
Signature of Account Holder: _____	Signature Date: _____

Save time: submit this information online. Questions? Call Member Services at 1-800-859-2144.

Submit online:

Log into your account at
hellofurther.com

Send via secured email only:

further.documents@hellofurther.com

Fax to:

866-231-0214

Mail to:

PO Box 14836
Lexington, KY 40511