



**Health Care Flexible Spending Account
Authorization for EOB Claim Submission
SAIC Self-Insured Medical and/or Dental Plans Only**

Employee Name:		SSN:	
Address City, State, Zip			

By signing this form, I am eligible to receive reimbursements from my Health Care Flexible Spending Account when I fax the Explanation of Benefits (EOB) Form I receive from Aetna or Blue Cross for the SAIC self-insured medical and/or dental plans to Creative Benefits, Inc. at:

888-295-5757 (toll-free)

I will submit only eligible expenses and understand that I cannot be reimbursed under Aetna, Blue Cross or any other plan and from my Health Care Flexible Spending Account for the same expenses. I also understand that any other eligible expenses outside of an SAIC self-insured medical and/or dental plans will need to be submitted with a claim form and supporting receipts describing services rendered.

Signature

Date

Fax authorization form to: Creative Benefits, Inc.
888-295-5757

Or mail to: P.O. Box 1928
Vista, CA 92085-1928