

Deductible & Out of Pocket Credit Form

(One form only from each employee and their family)

A completed Deductible & Out of Pocket Credit (OOP) Form must be received before credit can be applied to your new plan. Out of Pocket credit includes coinsurance, deductible, and copays, both medical and prescription.

Please attach a copy of an Explanation of Benefits (EOB) from your previous carrier. This EOB should list deductible and out of pocket dollars met for each family member separately.

Or, provide a report from your previous carrier that includes: carrier name, member name, member date of birth, amount of medical deductible and out of pocket, and dental deductible met for the current calendar year for each family member.

Date (mm/dd/yyyy)		Premera Member ID		Premera Group #	
Requestor Name (please print)					
Company Name					
Company Address					
Member Name (please print)					
Member Address					
Previous Carrier Information		Medical		Dental	
Member's Name (List your name and each covered family member)	Date of Birth (mm/dd/yyyy)	Deductible Amount Credited Year _____	Out of Pocket Amount Credited Year _____	Deductible Amount Credited Year _____	
Employee		\$	\$	\$	
Spouse		\$	\$	\$	
Child		\$	\$	\$	
Child		\$	\$	\$	
Child		\$	\$	\$	
I certify that the expense information I have provided is true and complete. I have attached required deductible documentation for each member listed on this form.					
Requestor Signature _____					<i>Credit eligibility rules apply.</i>