



Deductible Election Form for Crediting Deductible

Name of Employee: _____

Name of Employer Group: _____

Group number: _____ Effective date of the group: _____

Crediting Your Deductible (you may elect one or both networks if applicable):

I elect to credit \$_____ which equals _____% of my deductible to the In-network deductible.

I elect to credit \$_____ which equals _____% of my deductible to the out of network deductible.

I hereby understand the elected deductible credit is irreversible.

Employee
signature: _____

Date: _____

**Please attach latest copy of Explanation of Benefits from your prior insurance carrier.*