

INSTRUCTIONS FOR COMPLETING – AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL INFORMATION

Please complete this form, using the following simple instructions. If you have questions, please do not hesitate to call our toll-free customer service number at 1-877-FSAFEDS (372-3337), Monday through Friday, 9:00 a.m. until 9:00 p.m., Eastern Time.

Item #1 – Please include a description of the information that you are **not authorizing** FSAFEDS to use or disclose (for example, claim detail, specific dates of service, type of service rendered).

Item #2 – Please include the name(s) of the individuals with whom we may discuss your account. Please include the full name(s).

Item #3 – Please provide us with an expiration date for this authorization. You may state that the authorization remains in force until you are no longer covered under the plan, or following a specific event (such as following a one-time response to an attorney).

PLEASE NOTE: This authorization is not valid unless signed and dated. If you are signing as a personal representative (for example, as Power of Attorney), you must include your authority to act for the individual.

Please mail/fax the form to:

**FSAFEDS Program
P.O. Box 36880
Louisville, KY 40233
Fax: 1-866-643-2245**

The Federal FSA Program

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