CrossTech® Opt Out Form



Dear BCBSIL CrossTech[™] Participant:

Flexible Benefit Service Corporation (Flex) is proud to offer CrossTech[™] for paperless submission of your medical, prescription, and dental claims through Blue Cross and Blue Shield of Illinois (BCBSIL-PPO-only).

If you no longer want to take advantage of this claim submission process, you must confirm your cancellation by completing the required information and signing this form.

If you have questions, please feel free to call customer service at (888) 345-7990.

Best regards,

Your Flex Customer Service Team

I do not want to continue BCBSIL CrossTech™

Please sign and date below.

Print Name

Social Security Number

Signature

Date



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