

PAYFLEX® OPERS Retiree Medical Account (RMA) Survivor Certification

Fax Completed Form to: 1-888-238-3539
You may also mail a completed form to:

PayFlex Systems USA, Inc.
PO Box 14879
Lexington, KY 40512-4879
Telephone: 1-888-672-9136 (TTY:711)

If you are a survivor of the original RMA participant, you may complete this form so that you will be recognized as an Authorized Survivor.

As an Authorized Survivor, you will have access to the balance within the deceased RMA Participant's account. This means PayFlex can reimburse you from the RMA for any qualified medical expenses you may incur. You may also complete the Direct Deposit form to receive your reimbursements electronically into your bank account.

Instructions

1. Complete sections A and B.
2. Sign the form.
3. Return it to PayFlex.

Note: Be sure the form is complete and signed. You may need to send additional documentation.

Section A – Member Information (This section requests information about the original RMA participant.)

Deceased Member Name (First, MI, Last)			Last four digits of Member Social Security number XXX-XX-		
Address		City	State	ZIP Code	

Section B – Survivor Information (This section is for the individual who wants to become the Authorized Survivor.)

Survivor Name					
Relationship to Deceased Member					
Address		City	State	ZIP Code	
Daytime Telephone					
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Email Address					

Section E – Survivor Signature

I request and authorize PayFlex to recognize me as the eligible survivor for the deceased OPERS member named above. The information shown on this form is voluntary. I affirm that the information provided on this form is true and complete to the best of my knowledge and belief. I know there will be penalty for any false statement. I know failure to provide the requested information could prevent future RMA claim reimbursements. I know this survivorship expires at the time of my death or until I send a written request to OPERS to cancel it. When I sign this form, I'm certifying that I'm a qualified spouse or dependent under an OPERS healthcare plan.

Print Name	Signature	Date
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PayFlex Systems USA, Inc.
PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions.