



# Out-of-pocket Credit form

ODS Alaska will credit you for the amount you have paid toward your out-of-pocket (OOP) maximum for your current plan year.\*  
 To establish the amount you have paid toward your OOP maximum, please fill out this form (one per family).

To find the amount you have paid toward your OOP maximum, please log in to your previous carrier's member portal and print off your most recent Explanation of Benefits (EOB) form. Please use the amounts from that form to fill out this form. Please also attach a copy of that EOB to this sheet. If you receive another EOB after you submit this form for credit, you will need to send the new EOB to ODS Alaska to receive credit for those amounts.

\*May not apply to all groups. Please check with your employer to find out if you are eligible for out-of-pocket credit.

ODS Alaska member ID no. <i>(this can be found on the ID card mailed to you)</i>		ODS Alaska group number <i>(this can be found on the ID card mailed to you)</i>		
Company name				
Company address	Street/P.O. Box	City	State	ZIP code
Subscriber name (please print)				
Subscriber address	Street/P.O. Box	City	State	ZIP code

Please list, separately, the dollar amount met by each member of your family covered by the ODS Alaska plan.

Member's name <i>(List the name of each covered family member)</i>	Date of birth <i>(mm/dd/yyyy)</i>	Out-of-pocket maximum amount credited this year
SUBSCRIBER		\$ _____
Spouse:		\$ _____
Child:		\$ _____
Child:		\$ _____
Child:		\$ _____
Child:		\$ _____
Child:		\$ _____
Other:		\$ _____

I certify that the above information is accurate and complete to the best of my knowledge. I have attached the most recent EOB from my previous carrier for each member listed on this form.

Signature 	Date
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*If you have questions, please contact ODS Alaska Customer Service toll-free at 888-873-1395.*