## **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).

Signature	 Date	
Print Name	Social Security Number	
Please sign and date below.		
☐ I do not want to continue BCBSIL Cros	sTech™	
Your Flex Customer Service Team		
Best regards,		
If you have questions, please feel free to call	customer service at (888) 345-7990	
If you no longer want to take advantage of the by completing the required information and		ust confirm your cancellatio

