



FLEXIBLE SPENDING ARRANGEMENT EMPLOYEE TERMINATION FORM

Section I – Employee Information

Last Name, First Name		Employee SSN	Company Code
<hr/>		<hr/>	<hr/>
Address		City	St Zip
<hr/>		<hr/>	<hr/>
DOB	Email	Day Phone	EFFECTIVE DATE
<hr/>	<hr/>	<hr/>	<hr/>

Upon termination or retirement of employment, the IRS provides the following options to Section 125 participants:

Health Care Flexible Spending Arrangement (HCFA)

- 1) **STOP PARTICIPATION** - Your participation in the Plan shall cease and no further salary redirections or contributions shall be made if you elect not to continue in the Health Care Flexible Spending Arrangement for the remainder of the Plan Year. You may submit claims for expenses incurred PRIOR to or on the date of your termination date. All claims must be submitted prior to the end of the claim run-out period.
- 2) If you elect to continue participation in the Health Care Flexible Spending Arrangement for the remainder of the Plan Year, you may do so through the following options:
 - a) **ACCELERATE CONTRIBUTIONS** - You may accelerate your contributions for the remainder of the plan year out of your last paycheck. This accelerated amount will be equal to the difference between your contributions to date and your annual election amount. Under this option you will continue participation in the plan and may incur expenses at any time throughout the plan year [and grace period if applicable]. All claims must be submitted prior to the end of the claim run-out period.
 - b) **CONTINUE PAYMENTS AFTER TAX** – You may continue participation in the plan by making post tax contributions to your former employer for the remainder of the plan year. You will continue participation in the plan until the end of the plan year or until you fail to make the monthly contribution on the predetermined payment date. If you fail to make a timely payment you may submit claims only for expenses incurred PRIOR to or on the date of final payment.

Dependent Care Flexible Spending Arrangement (DCFSA)

Upon termination, your participation in the Plan shall cease and no further salary redirection or contributions shall be made. However, you may submit claims for expenses incurred before the termination date. You may only submit expenses incurred after your termination date if you are actively seeking employment. All claims must be submitted before the end of the claims run-out period.

You must elect one of the following and return to HR or Payroll:

<input type="checkbox"/> YES , I elect to continue participation in the Plan.	<input type="checkbox"/> NO , I decline to continue participation in the Plan.
<input checked="" type="checkbox"/> _____ Employee Signature I would like to make my contribution payment using: <input type="checkbox"/> Auto-acceleration <input type="checkbox"/> Post tax payment	<input checked="" type="checkbox"/> _____ Employee Signature
Employer's Signature <input checked="" type="checkbox"/> _____ Date _____	

Fax completed form and documentation to:
FAX: (425) 233-6366 or toll-free (866) 535-9227

OR

Mail forms and documentation to: Flex-Plan Services, Inc.
PO Box 53250 Bellevue, WA 98015-3250

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at www.flex-plan.com