



# FSA EMPLOYEE TERMINATION FORM

<b>Last Name, First Name</b>			<b>SSN / Employee ID #</b>
<b>Home Address</b> (Street, City, State, Zip Code) <input type="checkbox"/> Address Change		<b>Email - Please update to personal email</b>	
<b>Date of Birth</b> (MM/DD/YYYY)	<b>Phone Number</b>	<b>Date of Benefit Termination</b>	<b>Company Name/Code</b>

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

## Health Care Flexible Spending Arrangement (HCFSA)

- 1) **STOP PARTICIPATION** – Your participation in the Plan shall cease and no further salary redirections or contributions shall be made after your final paycheck. You may submit claims **for expenses incurred PRIOR to or on your recorded termination date**. All claims must be submitted prior to the end of the Claim Filing Period.
- 2) If you elect to **continue participation** in the Health Care FSA, 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 Filing Period.
  - b) **COBRA: CONTINUE PAYMENTS AFTER TAX** – Participants who have claimed less than they have contributed to the FSA may be offered COBRA for their Health Care FSA. 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 through your last active month of paid participation**.

**DEBIT CARD HOLDERS:** Upon termination, your Debit Card will be turned off. You must submit claims for reimbursement using a claim form. **Please update your email address above to continue to receive important communications regarding your benefits.**

## Day Care Flexible Spending Arrangement (DCFSA)

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

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

- YES**, I elect to continue participation in the Plan and would like to make my contribution payment using:
- NO**, I decline to continue participation in the Plan.
- Acceleration       COBRA Post-tax Payments

Employee's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Navia Benefit Solutions  
Customer Service: 425.452.3500 or 1.800.669.3539

Email:  
[election@NaviaBenefits.com](mailto:election@NaviaBenefits.com)

Fax:  
425.233.6366 or 1.866.535.9227

Mail:  
PO Box 53250 Bellevue, WA 98015