

WA State SEBB Medical FSA Termination Form



If you end employment during the plan year or you retire, complete and sign this form, then return it to your payroll or benefits office **within 30 calendar days** of your School Employees Benefits Board (SEBB) benefit end date.

Employee Information

Last Name, First Name		SSN	Separation Date	
Address		City	State	ZIP/Postal code
Email – <i>Update your personal email address upon leaving employment to keep receiving important communications about your benefits.</i>				DOB (MM/DD/YYYY)

Continuation Options

You may be eligible to continue participating in your Medical Flexible Spending Arrangement (FSA). Carefully read the continuation options listed below and mark your choice in the table below. **There are no continuation options available for the Dependent Care Assistance Program (DCAP).**

- 1) **Stop participation** – Your eligibility to participate in the Medical FSA ends on your SEBB benefit end date, which is the last day of the calendar month in which you were employed. Your final paycheck may include Medical FSA contributions. However, you may only submit claims for expenses incurred before your SEBB benefit end date. Remember to submit all claims incurred while you were employed to Navia Benefit Solutions **no later than March 31**. Money left in your account after that date **cannot be refunded and will be forfeited to the plan administrator, the Health Care Authority**. This is called the “use it or lose it” rule.
- 2) If you elect to continue participation in the Medical FSA, you may do so through the following options:
 - a) **Accelerate contributions** – You may pay for your remaining contributions for the plan year out of your last paycheck. This accelerated amount is equal to the difference between your annual election amount and the contributions you’ve made to date. Under this option, you may continue participation in the Medical FSA and incur expenses throughout the plan year (and grace period, if applicable). All claims must be submitted to Navia Benefit Solutions **by March 31. This option may not be available with all employers. Check with your employer, as they would process the acceleration through payroll.**
 - b) **COBRA: continue payments post-tax** – Participants who have claimed less than they have contributed to the Medical FSA are eligible for this option. Navia Benefit Solutions will mail a COBRA election notice to the address on file; make sure to keep your address current. You may continue participating in the Medical FSA by making post-tax contribution payments directly to Navia Benefit Solutions for the rest of the plan year. If you choose to continue your coverage under COBRA, a completed COBRA election form must be received by Navia Benefit Solutions no later than 60 days from the date your SEBB health plan benefits ended or from the postmark date on the COBRA election notice, whichever is later. The first contribution payment is due 45 days after the election period ends as described above. Participation in the Medical FSA will continue through December 31, 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: Your debit card will be deactivated on your SEBB benefit end date (which is the last day of the calendar month in which you were employed). You may submit claims for reimbursement through your online account, mobile app, email, fax, or mail.

Please select one of the following and return to your payroll or benefits office:

<input type="checkbox"/> YES , I elect to continue participation in the Medical FSA. I will contribute using the following payment method: <ul style="list-style-type: none"> <input type="checkbox"/> Accelerate contribution (on my last paycheck, if available through my employer). <input type="checkbox"/> COBRA post-tax payment (through Navia Benefit Solutions only). 	<input type="checkbox"/> NO , I decline to continue participation in the Medical FSA. I understand I can only submit claims for expenses incurred through the last active month of paid participation.
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Employee’s Signature **X**

Date:

Employer: After reviewing the information on the previous page and determining the benefit termination date, sign and fill out the information below. Submit this form to Navia Benefit Solutions by fax: 425-233-6366 or toll-free fax (866) 535-9227, email: election@naviabenefits.com, or mail: PO Box 53250, Bellevue, WA 98015. For help, call (800) 669-3539.

To be completed by payroll or benefits office:

Agency/Sub-agency code	Employee's Benefit Termination Date (<i>Last day of benefit-eligible month</i>):	
Employer Contact Email:	Employer Contact Phone:	
If accelerated contribution is selected:		
_____	- _____ = _____	
Annual Amount Elected	Amount already contributed	Final Contribution from last paycheck
Employer's Signature X	Date:	