



## Flexible Spending Account Termination Form

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee SS#: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Total Payroll Deductions  
as of Termination Date: \_\_\_\_\_

Reason for termination: (check box)

- |                                                                     |                                                                    |
|---------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Termination of employment                  | <input type="checkbox"/> Reduction in Hours                        |
| <input type="checkbox"/> Layoff                                     | <input type="checkbox"/> Exhaustion of FMLA<br>or Disability Leave |
| <input type="checkbox"/> Loss of Dependent Status<br>(if dependent) | <input type="checkbox"/> Divorce (provide date<br>of divorce)      |
| <input type="checkbox"/> Military Leave                             | <input type="checkbox"/> Employee deceased                         |
| <input type="checkbox"/> Dependent deceased                         |                                                                    |

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Signature

(If employee is not available to sign, write  
"Not Available for Signature")

\_\_\_\_\_  
Date