



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)

Termination of employment	Reduction in hours
Layoff	Exhaustion of FMLA or Disability Leave
Loss of Dependent Status (dependent name)	Divorce (Provide date of divorce) _____
Military Leave	Employee deceased
Dependent deceased	

Signature of Employee

Authorized Employer Signature

Date

Date

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