Significa
BENEFIT SERVICES

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 õNot Available for Signatureö)