

FSA/HRA/HSA - Notification Of Termination Form

How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, Print Form and sign. E-mail form to FLEXdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail print form and mail to: Flexible Benefit Administrators, Inc.
P.O.Box. 8188, Virginia Beach, VA 23450

Employee Information

Employer:

(Do not abbreviate)

Participant

Name

Social Security Number or Employee ID

Benefit Termination Information

	Benefits	Date of Termination	Date of Final Payroll Deduction
<input type="checkbox"/>	Health Care Reimbursement Account		
<input type="checkbox"/>	Dependent Care Reimbursement Account		
<input type="checkbox"/>	Private Insurance Reimbursement		
<input type="checkbox"/>	Parking Reimbursement		
<input type="checkbox"/>	Health Reimbursement Arrangement-HRA		
<input type="checkbox"/>	Healthcare Savings Account-HSA		

COBRA REGULATIONS

If Flexible Benefit Administrators, Inc. currently provides the COBRA Administration for your company, please also complete the Qualifying Event Notification Form and forward to our COBRA Department.

If Flexible Benefit Administrators, Inc. does not currently provide the COBRA Administration for your company, please refer to your Plan Document / Summary Plan Description for further information on how to administer the COBRA procedures.

I understand my submission of this form is a request to terminate the specified benefit(s) indicated above. Further, I understand Flexible Benefits Administrators, Inc. will contact me if my request to terminate coverage is denied for any reason.

Authorized Person:

Signature

Title

Date