Flexible Spending Account COBRA Continuation Election Form

Employee Information

Last Name, First Name	Employee SSN	Company Code

Address	City	State	Zip

DOB	Email	Day Phone	**EFFECTIVE DATE**

Upon termination or retirement of employment, the IRS provides the following options to Section 125 participants:

Health Care Flexible Spending Account (HCFSA)

1. **STOP PARTICIPATION** - Your participation in the Plan shall cease and no further salary redirections or contributions shall be made if you elect not to continue in the Health Care Flexible Spending Account for the remainder of the Plan Year. You may submit claims **for expenses incurred PRIOR to or on the date of your termination date**. All claims must be submitted prior to the end of the claim run-out period.

2. If you elect to continue participation in the Health Care Flexible Spending Account for the remainder of the Plan Year, you may do so through the following options:

   a) **ACCELERATE CONTRIBUTIONS -** You may accelerate your contributions for the remainder of the plan year out of your last paycheck. This accelerated amount will be equal to the difference between your contributions to date and your annual election amount. Under this option you will continue participation in the plan and may incur expenses at any time throughout the plan year [and grace period if applicable]. All claims must be submitted prior to the end of the claim run-out period.

   b) **CONTINUE PAYMENTS AFTER TAX** – You may continue participation in the plan by making post tax contributions to your former employer for the remainder of the plan year. You will continue participation in the plan until the end of the plan year 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 PRIOR to or on the date of final payment**.

Dependent Care Flexible Spending Account (DCFSA)

Upon termination, your participation in the Plan shall cease and no further salary redirection or contributions shall be made. However, you may submit claims for expenses incurred before the termination date. You may only submit expenses incurred after your termination date if you are actively seeking employment. All claims must be submitted before the end of the claims run-out period.

You must elect one of the following and return to Human Resources

❑ **YES**, I elect to continue participation in the Plan.	❑ **NO**, I decline to continue participation in the Plan.
X_____	**X** _____
Employee Signature Date	Employee Signature Date

I would like to make my contribution payment using:
❑ Auto-acceleration ❑ Post tax payment

Office Use Only:

HR Representative Signature **X** Date