



**Submit to:** AmeriFlex Member Services  
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 Fax: 800.282.9818  
 Mail: 7 Carnegie Plaza, Ste. 200, Cherry Hill, NJ 08003



**EMPLOYEE TERMINATION/LEAVE OF ABSENCE FORM**

(Please complete only the applicable section)

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_

**EMPLOYEE TERMINATION SECTION**

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

Plan:  DCA  FSA/LPF\*  HRA  HSA  PKG  TRN

Date of Termination: \_\_\_\_\_ Date of last payroll deduction: \_\_\_\_\_

\*Please note: If AmeriFlex administers your COBRA, please provide the year-to-date Medical FSA Contribution Amount below.

YTD Medical FSA Contribution \$ \_\_\_\_\_ (this will help us determine if participant is eligible to be offered COBRA)  
 YTD Commuter CRA Contribution \$ \_\_\_\_\_ (if applicable)  
 YTD Dependent Care DCA Contribution \$ \_\_\_\_\_ (if applicable)

Employee Termination/Claims Procedure: AmeriFlex will deactivate the terminated employee's AmeriFlex Convenience Card® based on the date of termination you provide. Any eligible expenses incurred and not yet submitted for reimbursement, prior to or on the date of termination, must be filed using a manual claim form and must be received by AmeriFlex within 90 days of the termination date (unless Plan Document states otherwise).

**EMPLOYEE LEAVE OF ABSENCE/FMLA SECTION**

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

LOA Effective Date: \_\_\_\_\_

Is the participant revoking his/her health FSA election? Yes  No

If yes, when they return, will the participant be required to be reinstated in his/her election or will they be able to make a new election?

Check one: Same as before  New election

\*\* If the participant is revoking his/her election and is not required to be reinstated with the same election before leave, the debit card and account will be terminated. If the participant is revoking his/her election and is required to be reinstated with the same election before leave, the debit card and account will be temporarily deactivated until the Employer notifies AmeriFlex that the leave has ended.

If the participant is continuing their health FSA benefit during leave, please let us know how (check one of the following):

With after-tax dollars, by sending monthly payments to the employer by the due date established by the employer.

With pre-tax dollars, by having such amounts withheld from the participant's ongoing compensation (if any), including unused sick and vacation days, or pre-paying all or a portion of the contributions for the expected duration of the leave on a pre-tax salary reduction basis out of pre-leave compensation. To pre-pay contributions, the participant must make a special election to that effect prior to the date that such compensation would normally be made available (NOTE: pre-tax dollars may not be used to fund coverage during the next plan year).

Under another arrangement agreed upon between the participant and the employer (e.g., the plan administrator may fund coverage during the leave and withhold "catch-up" contributions from the participant's compensation on a pre-tax basis) upon the participant's return.

\*\*\*It is the employer's responsibility to notify AmeriFlex upon the employee's return or termination, if applicable\*\*\*

Print Plan Administrator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_