

FLEXIBLE SPENDING ACCOUNT ACCOUNT CHANGE OR TERMINATION FORM

WE MAKE
THE COMPLEX
SIMPLE

Date:	
Company Name:	
Employer ID Number:	
Employee Name:	
Employee Social Security Number:	

Termination

Date Effective _____

COBRA Elected? No Yes If yes, Effective date: _____

Termination date: _____

Address Change / Name Change

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Change in Dependent Status

Last Name	First Name	Relationship to Employee	Date of Birth	Add/Term - Date
_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	Add/Term _____
_____	_____	_____	_____	Add/Term _____

Other

Explain: _____

Client Signature _____

Date _____