FLEX BENEFIT ADMINISTRATORS
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HOUSTON, TX 77280-0518
PHONE (713) 460-FLEX (3539)
FAX (713) 460-3550

FLEXIBLE SPENDING ACCOUNT LEAVE OF ABSENCE NOTICE

(DO NOT USE THIS FORM IF BENEFITS DO NOT STOP)

Employer: ______________________________

Employee Name: ______________________________

Social Security Number: ______________________________

Coverage Stop Date: ______________________________

Spending Accounts:

Total Amount Deducted — Current Plan Year-to-Date

Medical Reimbursement Plan: ______________________________

Child/Elder Care Reimbursement Plan: ______________________________

Final Flex Contribution Date: ______________________________

If applicable, date Debit Card should be closed ______________________________

Forms received by the 25th will be reflected on next month's statement.
Fax to Flex Benefit Administrators at (713) 460-3550