

FLEX BENEFIT ADMINISTRATORS

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PHONE (713) 460-FLEX (3539)
FAX (713) 460-3550

Flexible Spending Account Termination Notice Form

Employer: _____

Employee Name: _____

Social Security Number: _____

Coverage Termination Date: _____

(Can be different from actual termination 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