

NOTIFICATION OF TERMINATION/RETIREMENT FORM

TO: H R SUPPORT FLEX ADMINISTRATION DEPARTMENT

FROM: (Name of Employer) _____

Contact Person: _____

Tele: _____ **Ext.** _____

RE: FLEX ACCOUNT PARTICIPANT CHANGE TERMINATION/RETIREMENT

DATE: _____

PLEASE UPDATE THE FOLLOWING PARTICIPANT'S ACCOUNT(S):

PARTICIPANTS NAME: _____

S.S. #: _____

ACCOUNT(S) TO BE CHANGED:

_____ **Both Accounts** _____ **Medical Reimbursement Account** _____ **Dependent Care Reimbursement Account**

FOR USE FOR TERMINATION OF EMPLOYMENT OR RETIREMENT

1. _____ **Participant has/or will terminate employment,**
Last day of work will be/was _____
Last deduction will be taken from paycheck dated: _____

As the employers representative, I have contacted H R Support & Consulting Services Flex Department and have been informed that:

_____ **The participant has a positive balance and the employer will offer COBRA**
_____ **The participant has a negative balance and it is not necessary to offer COBRA**

2. _____ **Participant has or will retire. The last day of work will**
be: _____. **The last deduction in the amount of \$** _____ **will be taken**
from his/her check dated _____.

As the employers representative, I have contacted H R Support & Consulting Services Flex Department and have been informed that:

_____ **The participant has a positive balance and the employer needs to offer COBRA**
_____ **The participant has a negative balance and it is not necessary to offer COBRA**

FAX COMPLETED FORM TO: H R Support & Consulting Services Flex Dept.
FAX: 207-655-6636
(Should you have any questions, please call us a 1-866-655-5397)