



# Flex Checks

Payroll Processing  
Flexible Benefit Administration

2930 Three Mile Rd NW  
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Grand Rapids, MI 49514-1215

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www.flexchecks.com

## Re: Flexible Benefit Plan Employee Termination Notice

To: FlexChecks, Inc. Date: \_\_\_\_\_

From: \_\_\_\_\_ Fax: 616-791-7901

➤ **Fax this form as soon as you are aware of termination to prevent employee from receiving reimbursements in excess of contributions or for dates of service that occur after their eligibility dates.**

*Answer all questions that apply*

### **Part 1**

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

Employee Name: \_\_\_\_\_ Last 4 of SS #: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last Paycheck Date: \_\_\_\_\_

### **Part 2**

Employee's YTD Flex Contributions (include amount for final paycheck):

Medical FSA: \$ \_\_\_\_\_

Limited Purpose FSA: \$ \_\_\_\_\_

Dependent Care: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

