

FSA - MEDICAL REIMBURSEMENT ACCOUNT – TERMINATION OF EMPLOYMENT FORM - INSTRUCTIONS

SECTION 1- PARTICIPANT INFORMATION

To be completed by the terminating Employee

SECTION 2- CURRENT ACCOUNT STATUS

To be completed by the terminating Employee using the People First website

LINE	WHAT	SCREEN NAME
1	Current Account Balance	For your balance: Current Year Account Summary For the date: date as it appears on top of screen
2	Annual Elected Amount	View FSA Benefits
3	Current YTD Contributions	For your balance: Current Year Account Summary For last deposit on: your last pay warrant
4	Remaining Regular Payroll Contributions, if any	Project based on your termination date
5	Total Pay YTD Contributions upon Final Regular Payroll	Add lines 3 + 4
6	Balance due to meet Annual Elected Amount (line 2)	Subtract line 5 from 2

SECTION 3- PARTICIPANT PAYMENT OPTIONS

To be completed by the terminating Employee using line 6 above and, if applicable, the Agency Human Resource Office

STEP	ACTION																		
1	Select your Participation Option : <ul style="list-style-type: none"> ▪ To continue, check Box ❶ ▪ To terminate, check Box ❷ 																		
2	If you elected to continue participation (you have checked Box ❶, now you must select your Payment Option using the following guidelines: <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">1.</td> <td colspan="2">Confirm your annual or sick leave accrual balance (in hours) on the People First website, payroll tab, leave balance accrual</td> </tr> <tr> <td>2.</td> <td colspan="2">Select your payment option (A, B, C, or D)</td> </tr> <tr> <td rowspan="4">3.</td> <td style="text-align: center;">IF YOU CHOOSE OPTION(S):</td> <td style="text-align: center;">THEN SUBMIT TO:</td> </tr> <tr> <td style="text-align: center;">A or B</td> <td>your Agency HR Office for final leave processing</td> </tr> <tr> <td style="text-align: center;">C</td> <td>the PFSC</td> </tr> <tr> <td style="text-align: center;">D</td> <td>the PFSC who will confirm your monthly contribution amount to be inclusive of the 2% administrative fee</td> </tr> <tr> <td>4.</td> <td colspan="2">Keep a copy for your records</td> </tr> </tbody> </table>	1.	Confirm your annual or sick leave accrual balance (in hours) on the People First website, payroll tab, leave balance accrual		2.	Select your payment option (A, B, C, or D)		3.	IF YOU CHOOSE OPTION(S):	THEN SUBMIT TO:	A or B	your Agency HR Office for final leave processing	C	the PFSC	D	the PFSC who will confirm your monthly contribution amount to be inclusive of the 2% administrative fee	4.	Keep a copy for your records	
1.	Confirm your annual or sick leave accrual balance (in hours) on the People First website, payroll tab, leave balance accrual																		
2.	Select your payment option (A, B, C, or D)																		
3.	IF YOU CHOOSE OPTION(S):	THEN SUBMIT TO:																	
	A or B	your Agency HR Office for final leave processing																	
	C	the PFSC																	
	D	the PFSC who will confirm your monthly contribution amount to be inclusive of the 2% administrative fee																	
4.	Keep a copy for your records																		

SUBMITTING THE COMPLETED FORM AND PAYMENT

You must sign and date the form prior to submitting to the People First Service Center or your Agency HR. Submit to:

If option A or B selected, submit completed form to:	If option C or D selected, submit completed form to:	If check for payment is included for Option C or D, submit to:
Your Agency Human Resource Office	People First Service Center Post Office Box 6830 Tallahassee, Florida 32314	People First Service Center Post Office Box 863477 Orlando, Florida 32886-3477