STATE OF WASHINGTON
Medical FSA/DCAP TERMINATION FORM

If you end employment during the plan year, complete and sign this form, and return it to your agency personnel, payroll or benefits office within 30 calendar days of the termination. You may be eligible to continue participating in your Medical Flexible Spending Arrangement (FSA). Carefully read the continuation options listed below and choose your preferred election.

Employee Information

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>SSN (or Employee ID if higher-education)</th>
<th>Separation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Email – Update your personal email address upon termination to continue to receive important communications about your benefits.

DOB (MM/DD/YYYY)

(Personnel, Payroll, or Benefits Office Use)

Sub-agency or higher-education institution name and code

Benefit Termination Date

Last day of benefit eligible month

Medical Flexible Spending Arrangement (FSA)

1) **STOP PARTICIPATION** – Your eligibility to participate in the Medical FSA ends on the last day of the calendar month in which you were employed. Your final paycheck may include Medical FSA contributions; however, you may only incur and submit claims for expenses incurred before your Public Employees Benefits Board (PEBB) Program benefit end date. Remember to submit all claims to Navia Benefit Solutions no later than March 31, 2018. Money left in your account after that date cannot be refunded and will be forfeited to the plan administrator, the Health Care Authority. This is referred to as the “use it or lose it” rule.

2) If you elect to continue participation in the Medical FSA, you may do so through the following options:

a) **ACCELERATE CONTRIBUTIONS** – You may accelerate your contributions for the remainder of the plan year out of your last paycheck (this option may not be available with all employers, check with your agency as they would process the acceleration through payroll). This accelerated amount will be equal to the difference between your contributions to date and your annual election amount. Under this option you will continue participation in the Medical FSA and may incur expenses at any time throughout the plan year (and grace period, if applicable). All claims must be submitted to Navia Benefit Solutions by March 31, 2018.

b) **COBRA: CONTINUE PAYMENTS POST-TAX** – Participants who have claimed less than they have contributed to the Medical FSA are eligible for COBRA through Navia Benefit Solutions. Navia Benefit Solutions will mail a COBRA election notice to the address on file; make sure to keep your address current. You may continue participation in the Medical FSA by making post-tax contributions directly to Navia Benefit Solutions for the remainder of the plan year. Participation in the Medical FSA would continue through December 31, 2017 or until you fail to make the monthly contribution on the predetermined payment date. If you fail to make a timely payment you may submit claims only for expenses incurred through your last active month of paid participation.

**DEBIT CARD HOLDERS**: Upon termination, your debit card will be deactivated. You may submit claims for reimbursement through your online account, mobile app, email, fax or mail.
**Dependent Care Assistance Program (DCAP)**

Upon termination, your participation in the DCAP shall cease and no further salary reduction or contributions shall be made. You may submit claims for expenses incurred before benefits have ended, and for expenses incurred after your termination date if you are actively seeking employment. All claims must be submitted to Navia Benefit Solutions by March 31, 2018.

**Please elect one of the following and return to your personnel, payroll, or benefits office:**

- **YES**, I elect to continue participation in the Medical FSA. I will contribute using the following payment method:
  - Accelerate contribution (on my last paycheck if available through employer).
  - COBRA (through Navia Benefit Solutions only): Post-tax payment.

- **NO**, I decline to continue participation in the Medical FSA. Claims can only be submitted for expenses incurred through the last active month of paid participation.

<table>
<thead>
<tr>
<th>Employee's Signature X</th>
<th>Date:</th>
</tr>
</thead>
</table>

**To be completed by personnel, payroll, or benefits office:**

<table>
<thead>
<tr>
<th>Employer's Signature X</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Contact Email:</th>
<th>Employer Contact Phone:</th>
</tr>
</thead>
</table>

If accelerated contribution is selected:

\[
\text{Annual Amount Elected} - \text{Amount already contributed} = \text{Final Contribution from last paycheck}
\]

**Employer:** After reviewing the above information and determining the benefit termination date, sign and submit this form to Navia Benefit Solutions by fax: 425-233-6366 or toll-free fax 1-866-535-9227, email: election@naviabenefits.com, or mail: PO Box 53250, Bellevue, WA 98015. For assistance call 1-800-669-3539.