

**FLEXIBLE SPENDING ACCOUNT CONTINUATION/CANCELLATION FORM
EMPLOYEES ON LEAVE WITHOUT PAY [G1-1 Flex]**

Name: _____ LSU ID: _____

Leave Without Pay: From: _____ To: _____

Reason for Leave Without Pay *[please check the appropriate box]:*

_____ Work Related Injury (Workers Compensation)

_____ Approved Family Medical Leave *[approved request for medical leave form attached]*

Period of FMLA: From: _____ To: _____

_____ Other *[please indicate the reason for the leave]:* _____

_____ **CANCEL PARTICIPATION**

I understand that by electing this option, I agree to the following:

- I am canceling my participation in the Flexible Spending Account
- Upon return to a paid status during the same plan year, I cannot re-enroll in this account until the October Annual Enrollment Period, which has an effective date of January 1
- If I return to a paid status during the next plan year, I must re-enroll within 30 days of my return to a paid status
- Participation in the account will terminate the last day of the month in which leave without pay began
- Any monies left in the account will be forfeited unless a claim is submitted for expenses incurred on or prior to the last day of the month in which leave without pay began
- Claims for services rendered after the last day of the month in which account participation terminates are not eligible for reimbursement

_____ **DO NOT CANCEL, DO NOT CATCH UP DEDUCTIONS**

I understand that by electing this option, I agree to the following:

- I am not canceling my participation
- Any missed contributions while on leave will not be made up through payroll deduction
- I am not changing my monthly contribution amount
- My original annual target will be reduced by the number of deductions missed while on leave
- Claims for services rendered during this leave period will not be eligible for reimbursement
- In order to remain an active member in the Plan, I will be responsible for the monthly administrative fee which will be collected in one payroll deduction upon return to a paid status
- If I return during the next plan year, I must re-enroll within thirty (30) days of returning to a paid status; my old election will no longer be valid

_____ **DO NOT CANCEL, CATCH UP DEDUCTIONS**

I understand that by electing this option, I agree to the following:

- I am not canceling my participation
- Any missed deductions will be made up through payroll deduction upon returning to a paid status within the same Plan year

- Claims for services rendered during the leave period will be reimbursable but will not be accepted until after returning to a paid status
- In order to remain an active member in the Plan, I will be responsible for the monthly administrative fee which will be collected in one payroll deduction upon return to a paid status
- If I return during the next plan year, I must re-enroll within thirty (30) days of returning to a paid status; my old election will no longer be valid

Bill me *[address]*:

Employee Signature

Date