



EMPLOYEE TERMINATION FORM

Employee Name: _____ Last Four Digits of SSN: _____

Spouse/Dependent Name: _____ Terminate: Employee Spouse/Dependent

Employer: _____ Termination Date: _____

Last Payroll Deduction Date*: _____ Total Expected Payroll Deductions*: _____

* where applicable

Submitted by: _____ Date: _____

Benefits being terminated: Health FSA Limited Purpose FSA Dependent Care HRA HSA
 Transit Parking My Commuter Connect Order Platform*

Important Information About Terminations

Termination Date

As of your employees termination date your employees are not eligible to incur any expenses against their benefits. The only exception is if you have the Spend-down provision on your Dependent Care FSA.

The **ABG Benefits Card** will no longer work after the date of termination.

Run Out Claims

Run Out is the time period an employee has to submit claims for expenses incurred while they were active in a Plan Year. Your terminated employees have a Run Out date which is a specified number of days after their termination date, this is specified in your Plan Documents. You should communicate this date to your employees. If you are unsure of your company's Run Out date please refer to your Plan Documents or contact ABG. Claim filing for Transit expense is never allowed.

Please refer your employees to our **How To File A Claim** web page (linked below) to submit their manual Run Out claims <https://www.amben.com/how-to-file-a-claim.html>

My Commuter Connect

The deadline to place orders is between the 1-10 of the month for the upcoming benefit month. If the employee terminates after your order deadline and had placed an order, their order will fulfill and will need to be paid for.

COBRA - Health FSAs, limited Purpose FSAs, and Health Reimbursement Arrangements are subject to COBRA.

Health FSAs, limited Purpose FSAs – If your employee has more money contributed than they were reimbursed at the time of termination they must be offered COBRA

Health Reimbursement Arrangements – Employees must be offered COBRA

Employees can not use their ABG Benefits Card while they are on COBRA, they must submit manual claims

Fax Toll Free: 877-723-0147 or email to processing@amben.com

No Fax Machine? Mail to: American Benefits Group • PO Box 1209, Northampton, MA 01061-1209 • 800-499-3539