

**Health
Flexible Spending
Account**

Lump sum payment application

Please read carefully!

Employee name
First MI Last

Employee SSN: _____

Campus phone _____ Home phone _____

Payroll type

- Monthly
- Academic
- Hourly
- Salaried

Reason for lump sum payment

- Termination
- Retirement
- Ineligible for benefits
- Leave
- Other _____

Date above reason will occur: _____

<p>Current amount of health FSA contribution per payroll check \$ _____</p> <p>Date of last regular payroll check _____</p> <p>Indicate amount of lump sum contribution \$ _____</p> <p>Lump sum amount extends health FSA enrollment through the month of _____ <small>month, year</small></p>

Please consider the following lump sum criteria as you determine your final health FSA contribution:

- The lump sum amount is limited to the total number and dollar amount of contributions remaining in the current calendar year.
- The lump sum amount selected must be an increment of your current total monthly contribution. Health FSA reimbursement for medical services rendered after your last paycheck is limited by the additional number of months you extend your health FSA contribution through the lump sum payment.
- The gross amount of your last payroll check must be adequate to support the lump sum amount selected.
- The lump sum amount is deducted from the last regular paycheck before federal, state, and FICA taxes are applied.
- The lump sum payment cannot be deducted from payroll checks for accrued annual leave.
- **The lump sum payment method must be selected before the payroll deadline for your last regular check. Please contact Employee Benefits for assistance.**

Signature of applicant

Date signed

<p>• For Benefits Department Use Only •</p> <p>Amount of override _____</p> <p>Date to begin <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Override entered & date _____</p> <p>Adjusted Med-max amount _____</p> <p>By _____</p>
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