

Email to: Flex@hng.com
Fax to: 866-600-7398 or 225-644-9985

The employer must notify Hammerman & Gainer (H&G) immediately when a participant terminates his/her employment or wishes to terminate his/her elections from the plan. After completing this form, please send it to H&G for processing.

_____ <i>Employer</i>	_____ <i>Telephone</i>
_____ <i>Employee Last Name</i>	_____ <i>First Name</i> <i>MI</i>
_____ <i>Social Security Number</i>	_____ <i>Termination Date and Reason for Termination</i>

Please check each box that corresponds with the plan the employee is to be terminated from:

- Medical Flexible Spending Account (FSA)**
- Health Reimbursement Arrangement (HRA)**
- Dependent Daycare (DCAP)**

NOTE: The employee participant has 30 days from termination date to submit claims for dates of service prior to this date.

SIGNED _____ DATE _____