



Payroll Processing
Flexible Benefit Administration

2030 Leonard NW
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Grand Rapids, MI 49514-1215

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F 616 791 7901
www.flexchecks.com

Facsimile Transmittal

Ref: Flexible Benefit Plan Employee Termination Notice

To: FlexChecks, Inc. Date: _____

From: _____ Fax: 616-791-7901

➤ Fax this form as soon as you are aware of termination to prevent employee from receiving reimbursements in excess of contributions.

Answer all questions that apply

Part 1

Company Name: _____ Date: _____

Employee Name: _____ SS #: _____

Termination Date: _____ Last Paycheck Date: _____

Part 2

Employee's YTD Flex Deductions (include amount for final paycheck):

Med FSA: _____

Dep. Care: _____

Comments: _____

Signature of Supervisor

Date

Signature of Employee

Date

