



# Flexible Spending/Health Savings Account Final Deduction Form

The purpose of this form is to authorize the North America (NA) Payroll/Time & Absence to deduct the remaining portion of your Health Savings Account (HSA), Limited-use FSA, Dependent Care Flexible Spending Account (DCFSA) and/or Health Care Flexible Spending Account (HCFSA) elected amount from your final pay.

This form must be received at NA Payroll/Time & Absence before your final pay is processed or your contributions will be suspended. Your final pay is your final regular pay. If you are paid bi-weekly, NA Payroll/Time & Absence must receive this form by the Friday in advance of the week in which you receive your last regular pay. Submit this form directly to NA Payroll/Time & Absence via a Service Now case through [My HR Portal](#).

## Health Care Flexible Spending Account Deduction Form Instructions

### Section A -- Health Care Flexible Spending Account (HCFSA) or Limited-use FSA

*If you do not have a Health Care Flexible Spending Account (HCFSA) or Limited-use FSA, also referred to as flexible spending accounts (FSAs), you may skip this section and continue to Section B, Dependent Care Flexible Spending Account.*

If you elected to contribute pre-tax dollars to the HCRA or Limited-use FSA, you may elect to have NA Payroll/Time & Absence deduct your remaining pre-tax contributions from your final pay. This will allow you to use your account for eligible health care expenses incurred during the remainder of the calendar year. You also will waive your Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) rights for your FSA with this election. Please refer to the "Health and Welfare Benefits" section and the Health Care Flexible Spending Account and Limited-use FSA Summary Plan Description for details concerning COBRA. If you do not authorize NA Payroll/Time & Absence to deduct your remaining pre-tax contributions from your final pay, your contributions will be suspended and the funds remaining in your account may be used only for expenses incurred prior to your departure date.

To authorize NA Payroll/Time & Absence to deduct your remaining pre-tax contributions from your final pay, check the box, sign the form and submit it to NA Payroll/Time & Absence **as soon as possible** before your final pay is processed.

### Section B -- Dependent Care Flexible Spending Account

*If you do not have a Dependent Care Flexible Spending Account (DCFSA), you may skip this section and continue to Section C, Health Savings Account.*

If you elected to contribute pre-tax dollars to the DCFSA, you may elect to have NA Payroll/Time & Absence deduct your remaining pre-tax contributions from your final pay. If you do not authorize NA Payroll/Time & Absence to deduct your remaining pre-tax contributions from your final pay, your contributions will be suspended. However, you will be able to use the funds already in your account for eligible Dependent care expenses incurred at any time during the calendar year until you deplete your account.

To authorize NA Payroll/Time & Absence to deduct your remaining pre-tax contributions from your final pay, check the box, sign the form and submit it to NA Payroll/Time & Absence **as soon as possible** before your final pay is processed.

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

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## Section C – Health Savings Account

If you do not have a Health Savings Account (HSA), you may skip this section and continue to Section D, Signature.

If you elected to contribute pre-tax dollars to the HSA, you may elect to have NA Payroll/Time & Absence deduct pre-tax contributions from your final pay. If you do not authorize NA Payroll/Time & Absence to deduct pre-tax contributions from your final pay, your contributions will be suspended. However, you will be able to use the funds already in your account for qualified health care expenses.

To authorize NA Payroll/Time & Absence to deduct your remaining pre-tax contributions from your final pay, check the box, sign the form and submit it to NA Payroll/Time & Absence **as soon as possible** before your final pay is processed.

## Section D -- Signature

Please sign and date the completed form. You must return the completed *Flexible Savings Account Deduction Form* to NA Payroll/Time & Absence as soon as possible. **If NA Payroll/Time & Absence does not receive the form before your final pay is processed, they will not be able to deduct the remaining pre-tax contributions from your final pay and your contributions will be suspended automatically.**

## Section A—Health Care Flexible Spending Account or Limited-use FSA

If you do not have a Health Care Flexible Spending Account or Limited-use FSA, you may skip this section and continue to section B.

Please deduct the remainder of my annual contribution commitment for my HCFSAs or Limited-use FSAs from my final pay.

## Section B—Dependent Care Flexible Spending Account

If you do not have a Dependent Care Flexible Spending Account, you may skip this section and continue to section C.

Please deduct the remainder of my annual contribution commitment for my DCFSAs from my final pay.

## Section C—Health Savings Account

If you do not have a Health Savings Account, you may skip this section and continue to section D.

Please deduct the remainder of my annual contribution commitment for my HSA from my final pay.

Please deduct this specified amount of contribution commitment for my HSA from my final pay \$ \_\_\_\_\_  
This amount will result in a deduction of less than my current elected annual contribution amount.

Name: \_\_\_\_\_  
\_\_\_\_\_

Employee Number: \_\_\_\_\_  
\_\_\_\_\_

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## Section D—Signature

For HCFSA, DCFSA and Limited-use FSA you will have until April 30 of the next plan year to file claims for expenses incurred for services rendered through the end of the plan year or during a grace period that extends until March 15 of the next year. (Claims **must be received by** the FSA Plan Administrator no later than April 30.)

This election and my signature signify my waiver of any rights I have under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), which would allow continued contributions to the HCFSA for the remainder of the plan year at 102% of my regular monthly rate using post-tax dollars.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please Note:** NA Payroll/Time & Absence must receive this entire form **before your final pay is processed** or your contributions will be suspended. Your final pay is your final regular pay. If you are paid bi-weekly, NA Payroll/Time & Absence must receive this form by the Friday in advance of the week in which you receive your last regular pay.

This form can be provided to NA Payroll/Time & Absence by visiting [My HR Portal](#), entering a Service Now case and attaching form as a PDF file

This form was submitted to NA

Payroll/Time & Absence on: \_\_\_\_\_

**Please remember to keep a copy for your files.**