Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

Health Care Flexible Spending Account (FSA)
Medical Expense Account Continuation Election Form

Participant name/address

_____

_____

_____

Social Security number

Employer: Federal law requires that this notice be issued within 14 days after you become aware of a qualifying event (i.e. termination of employment) that will cause an employee to lose eligibility to participate in the FSA program. Complete the information above and items 1 through 4 below.

1. Date FSA coverage ends: _____ (mm/dd/yyyy)
2. Date of this notice: _____ (mm/dd/yyyy)
3. Annual health care FSA amount elected: _____
4. Balance required to complete plan year: _____

Date	Employer (state agency or UW campus)	Completed by:	Telephone:
(mm/dd/yyyy)			

COBRA Continuation Election Agreement

FSA Participant: Please read the information on the back before completing this form.
I elect to continue my medical expense reimbursement account for myself and/or my spouse and dependents for the remainder of the current calendar year by paying the current balance due (Item 4 above) on the following basis: (check one)

☐ One payment of the entire balance due for the year.

☐ In equal monthly installments of $_____for ___ months. Monthly payments are due and payable to ETF by the 15th of each month. The last payment for this plan year must be received by ETF by December 15 of this year.

I have read and understand the information on the back of this form. I understand that if I fail to make a payment on time, coverage will terminate effective on last day of the month in which the last payment was made. I understand that any unused amounts remaining in my account at the end of the plan year, including the grace period, will be forfeited. I also understand that I will have no FSA coverage for subsequent plan years.

Date	Signature of Applicant	Daytime Telephone
(mm/dd/yyyy)		

Employee Trust Fund Use Only

Continued coverage effective		By Date
From (mm/dd/ccyy)	Through (mm/dd/ccyy)	Telephone:

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Coverage under the FSA Reimbursement Accounts program will end for you and/or your spouse and dependent(s) on the date shown in Item 1 on the reverse side, unless the Department of Employee Trust Funds receives this completed form postmarked within the 60-day election period as described below.

Under federal law known as COBRA, participants who lose eligibility for FSA medical expense reimbursement account coverage may continue the same coverage that was currently in force through end of the plan year. The Carryover Provision does not apply to inactive or retired employees whether or not you have contributed your full annual election. If you choose to continue, your annual election amount must be paid up by December 15 of this plan year.

You do not need to continue coverage if you have been reimbursed an amount that is equal to or more than your year-to-date contributions to your medical expense account. Although there is no tax savings on any out-of-pocket contributions that you make, continuing your coverage will allow you to recover funds that you have contributed to your medical expense account, but not used at the time of your termination. As long as payments are made, coverage will continue.

If you choose not to continue coverage, medical expenses incurred after the date in Item 1 on the reverse side will not be eligible for reimbursement and any funds remaining after all valid claims have been paid will be forfeited.

To elect continuation coverage:

1. Check the payment option of your choice at the bottom of the form on the reverse side. If you select the monthly payment option, payments are due by the 15th of each month.
2. Sign and date the form.
3. Keep a copy of the form for your records.
4. Attach a check or money order, payable to “Employee Trust Funds,” for the proper amount to cover either the first monthly payment or the entire amount due. It must be postmarked or received by ETF within 60 days of the date of the notice shown in Item 1 or Item 2 on the reverse side, whichever is later.

No monthly billing will be sent and coverage will cease if a scheduled payment is missed.

Note: If you also have a dependent day care reimbursement account, you may not contribute additional funds after your termination date. However, any funds that remain in your account may be reimbursed for valid childcare expenses through the end of the plan year. Valid expenses are those that are incurred for the care of a qualified dependent so that you (and your spouse) can work, look for work, or attend school full time.
If you have any questions concerning this procedure, you may contact ETF at the address above or call toll-free at 877-533-5020 or 608-266-3285.