

Custom Benefit Administrators

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NOTICE/ELECTION OF CONTINUATION OF FLEXIBLE SPENDING ACCOUNTS

Name of Employer _____

Employee Name _____

Social Security # _____

Home Address _____

Your Options Are:

1. Election of continuation of your Flexible Spending Account(s). This requires the employee to continue contributing to the account through personal payments. Claims incurred throughout the contract year may be filed.
2. Election to waive continuation of your Flexible Spending Account(s). Contributions will cease, and only claims incurred prior to termination may be filed.

Please indicate your election below:

_____ **I elect to continue** my contributions to my Flexible Spending Account(s). I will submit payment of \$ _____ by the due date of _____.

If you elected to continue contributions, checks should be made payable to Custom Benefit Administrators at their address. Future premiums are due biweekly thereafter, and should be mailed on or before the due date. After the initial payment is made, coupons will be sent to you to mail in with your premium. There will also be a charge of \$5 per month for Administration of COBRA Benefits.

_____ **I do not elect to continue** contributions to my Flexible Spending Account(s). I understand that I may only file claims incurred **prior** to termination.

Signature

Date