



Benefit Administration by Design LLC

Termination Form

Participant Information

Name: Last, First & Middle Initial

Employer Name

Date of Birth (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Termination Details

- Health Reimbursement Arrangement
- Health Spending Account

- Flexible Spending Account
- Dependent Care FSA

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- Termination of Employment
 - My employer no longer offers an HSA (HSA Only)
 - Other: _____

Transfer of Funds

I would like to receive my funds by:

- Direct Deposit
- Check
Mail check to: _____

Routing Number: _____

Account Number: _____

Authorization

Note: There will be a \$20 fee for closing your HSA account.

By signing below, I authorize Benefit Administration by Design LLC (BABD) to close all account which are specified above. I understand that there will be a \$20.00 fee for closing my account. I authorize BABD to transfer all funds using the method I selected above minus any applicable fees.

Employee Signature

Date