



**TOTAL ACCESS FSA  
TERMINATION FORM**

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

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

Social Security Number:     \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Termination of Employment: \_\_\_\_\_

Health Care FSA

Date of Last Paycheck Deduction: \_\_\_\_\_

Dependent Care FSA

Date of Last Paycheck Deduction: \_\_\_\_\_

Transit FSA

Date of Last Paycheck Deduction: \_\_\_\_\_

Parking FSA

Date of Last Paycheck Deduction: \_\_\_\_\_

Mail, fax or email this form to:

Benergy OS  
Attn: FSA  
353 S. Potomac Street  
Waynesboro, PA 17268  
Fax: (516) 414-5122  
Email: FSA@benergyos.com