



Return From Unpaid Leave Documentation

Please complete this form and forward with the List Bill for all employees that are resuming pre-tax contributions to a medical spending account or a dependent care assistance program due to return from an unpaid leave.

Employer Name: _____ Date: ___/___/___

Employee's Name: _____ Employee's SS#: _____

Leave Start Date: ___/___/___ Leave Return Date: ___/___/___

Medical Spending Account amount per pay period \$ _____
Dependent Care Assistance Program amount per pay period \$ _____

1. I elected to continue the benefits listed above while on unpaid leave.

I have made all necessary contributions to cover the time of my leave.

I need to make retroactive contributions to cover the time of my leave.

To make retroactive contributions, I would like:

a lump sum for the amount due for the period of my leave to be taken from my first paycheck.

the amount due to be prorated over the paychecks that I will receive during the remainder of the plan year (see worksheet).

Employee Signature _____ Date ___/___/___

2. I elected to revoke the benefits listed above while on unpaid leave

I would like to reinstate my benefit elections by accelerating pre-tax payments to contribute the full year election amount (see worksheet).

I would like to resume pre-tax payment of previous per pay period amounts.

I understand I am not eligible for reimbursement for claims incurred during the period when the coverage was revoked or otherwise terminated.

Employee Signature _____ Date ___/___/___