



Office Use Only	
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PrimeFlex—(877) 769-3539

Employee Termination/COBRA Continuation Form

To be completed by employer.

Current Employee Information (Please print clearly)

Name: (Last, First, Middle)		SSN:	Termination Date:
Employer:		Final Payroll Deduction Date:	
Date to deactivate Flex card, if applicable:	FSA Term Date:	HRA Term Date:	

Flexible Spending Account (FSA)

The Employee has an FSA, eligible for COBRA, and has elected to continue coverage (see below to learn about eligibility).

COBRA Effective Date:	Monthly Premium*:
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Health Reimbursement Arrangement (HRA)

The Employee has an HRA, eligible for COBRA, and has elected to continue coverage (see below to learn about eligibility).

COBRA Effective Date:	Monthly Premium*:
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*We will not automatically update monthly premiums. Please notify us of the date and amount whenever you receive a premium to the Employees account.

If you offer COBRA, an employee has the right to elect continuation for their FSA and HRA under the following conditions:

Flexible Spending Account

If the health FSA qualifies for the Special Limited COBRA obligation, then COBRA must be offered to an employee if the amount they have contributed plan-to-date is greater than the amount they have been reimbursed. If the health FSA does not qualify for the Special Limited COBRA obligation, COBRA must be offered for all FSA's and again offered at open enrollment. FSA COBRA premiums are equal to the employee's monthly contributions plus an additional 2% administrative fee (optional). In the event an employee fails to make premium payments, the employer has the right to terminate COBRA coverage.

Health Reimbursement Arrangement

HRA's fall under two categories in terms of COBRA eligibility. (1) If the HRA requires participation in the employer's group health plan, than the employee must elect COBRA coverage in the group health plan in order to elect coverage for the HRA. (2) Otherwise COBRA coverage must be offered for the HRA. HRA COBRA premiums are equal to last year's utilization rate multiplied by the current plan's maximum available benefit divided by twelve. If this is the first year the HRA is offered, use up to 75% for the utilization rate. A 2% administrative fee may be added and in the event an employee fails to make premium payments, the employer has the right to terminate COBRA coverage.

Send this form to PrimeFlex, in one of the following ways:

Fax	484.323.1501
Email	PrimeFlexEnroll@primepay.com
Mail	Attn: PrimeFlex 1487 Dunwoody Drive West Chester, PA 19380

The use of this form is for PrimeFlex's records only and does not satisfy your responsibilities under COBRA or replace the need to notify your COBRA provider (if you have one) of employee terminations and/or COBRA continuation with respect to your health plan. This form is for informational purposes only and is not intended to provide advice or guidance. Please fill out all necessary forms as required by COBRA or determined by your COBRA provider. Furthermore, the undersigned certifies that all above information is correct and PrimeFlex and its affiliates shall not be held accountable for errors or omissions related to the information on this form or its timely submission.

Employer Signature: _____ Title: _____ Date: ____/____/____