

# Reminder

## FSA Deadline

*Important information for participants in the Healthcare Flexible Spending Account (FSA) Plan.*

**Current Plan Year:**

\_\_\_\_\_

**Last Day to Incur Expenses:**

\_\_\_\_\_

**Last Day to Submit Claims:**

\_\_\_\_\_

**FSA Vendor:**

\_\_\_\_\_

When employment terminates during the plan year, you have \_\_\_\_\_ days after your last day of employment to submit claims. Please refer to your Summary Plan Description for details.

Contact Human Resources with any questions.