

STANFORD UNIVERSITY

Health Care Spending Account
Continuation of Coverage Election Form

Employee Name:	Employment Termination Date:
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If you are leaving SLAC, you may elect to continue your participation in the Health Care Spending Account (HCSA) until the end of the calendar year your employment terminates. If you have a significant balance in your HCSA and cannot use it by the end of the month you terminate employment, consider using one of the options described below.

Health Care Spending Account Rule: When you terminate employment, any eligible expenses you incur up to the last day of the month in which your employment ends can be submitted for reimbursement. You have until April 30 of the following year to submit claims.

If you select one of the options below, you may continue to incur claims through December 31. (*Note:* With Option I, you must continue to make after-tax contributions through the end of the year.)

Option I: You may continue to pay your remaining contributions (plus a 2% administration fee) on an after-tax basis through The Vita Companies – Stanford’s COBRA administrator. This allows you to access all before-tax contributions made prior to your termination and all after-tax contributions you make after you leave. You will receive a package from Vita after your termination date with details on how to continue coverage.

Option II: To continue to receive before-tax benefits, you may request to have your remaining contribution(s) deducted from your final paycheck on a before-tax basis. This allows you receive reimbursement for all eligible expenses on a before-tax basis.

Complete for Option II

I have read and understand the above continuation options for my HCSA. I elect continuation coverage through Option II and authorize the SLAC Payroll Department to deduct the following amount from my final paycheck on a before-tax basis. The amount of my regular paycheck contribution times the remaining pay periods in this year (including the December 22 paycheck) for a total of \$ _____.

Employee Signature

Date

Return this election form at least one pay period before your termination date to:

SLAC Benefits
2575 Sand Hill Rd. MS 11
Menlo Park, CA 94025