

## REQUEST TO CANCEL FLEXIBLE SPENDING ACCOUNT

Please cancel my Flexible Spending Account.

Name \_\_\_\_\_

SS# \_\_\_\_\_

Effective \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date received in Benefits Office \_\_\_\_\_

Date of notification to Beneflex \_\_\_\_\_

Date changed in MUNIS \_\_\_\_\_