

MCAP COBRA Election Form

This form must be completed prior to or at the time of termination, retirement or leave of absence.

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| Social Security Number | Last Name | First Name | M.I. |
| Date of Termination, Retirement or Leave of Absence | | | |

OPTIONS for:

TERMINATION or RETIREMENT:

Employees who are terminating employment or retiring from State service may continue participation in MCAP for the remainder of the plan year. Payment for the remaining deductions may be taken on a pre-tax basis from the final paycheck or the final lump sum payment check (sick/vacation time). Payment may also be on a post-tax basis through personal payments mailed directly to the FSA Unit, in either a monthly or lump sum amount.

LEAVE OF ABSENCE:

Employees who go off payroll due to a leave of absence may elect to continue participation in MCAP throughout the period they are off payroll. Payment for the period of time the employee is off payroll may be made through personal payments mailed directly to the FSA Unit, in either a monthly or lump sum amount.

I wish to continue participation for the balance of the Plan Year by making my MCAP contributions by the method marked below:

- Full Payment from Final Paycheck Option (pre-tax):** Employees who terminate state service or retire may have the balance of their MCAP deductions taken from their final or lump sum paycheck.
- Combination Payment Option (final paycheck and direct payments)*:** Employees whose final or lump sum paycheck is not enough to take the entire amount due may elect to have the deductions taken in two payments. The first payment will be pre-tax and deducted from the final paycheck or the vacation/sick lump sum payment. The remaining balance will be post-tax and must be paid by personal check or money order **within 45 calendar days** of the payment processing date of the termination or retirement.
- Personal Check Payment Option (post-tax)*:** Employees who terminate state service, retire or go off payroll due to a leave of absence may pay the FSA Unit directly on a post-tax basis for their remaining MCAP deductions, either in monthly payments or a lump sum of the amount due. Monthly payments are due the first of the month.

* Participants should see their agency GIR for a determination of the total amount due. Participants must honor the payment agreement indicated above in order to continue participation. If the agreement is not honored, enrollment in the program will be terminated and services incurred after the date of termination will not reimbursable. Participants must send payments by the first of the month to: CMS - Flexible Spending Accounts Unit, P.O. Box 19208, Springfield, Illinois 62794-9208.

I understand that it is my sole responsibility to make any required payments by personal check or money order payable to the Flexible Spending Accounts Program by the first of the month and that I will not receive any notice of payments due or of non-payment.

PARTICIPANT SIGNATURE: _____ **Date:** _____

Payroll Deductions

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| GIR/P USE ONLY | <p>GIR Instructions: Make sure to include all future deductions that will not be made through regular payroll contributions in addition to the regular payroll deduction that will be deducted for the final pay period worked. Call the FSA Unit for assistance, if necessary. Send this form to the FSA Unit for processing.</p> <p>Full Payment option: Deduction of \$_____ from the final regular paycheck OR the vacation/sick lump sum payment for the plan year's remaining MCAP deductions.</p> <p>Combination Payment option: Deduction of \$_____ from the final regular paycheck OR the vacation/sick lump sum payment for the plan year's remaining MCAP deductions. The remaining amount must be paid by a personal check or money order to the FSA Unit.</p> <p>GROUP INSURANCE REPRESENTATIVE SIGNATURE: _____ Date: _____</p> |
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