

Return From Unpaid Leave Documentation

Please complete this form and forward with the List Bill for all employees that are resuming pre-tax contributions to a medical spending account or a dependent care assistance program due to return from an unpaid leave.

Employer Name:	Date:/
Employee's Name:	Employee's SS#:
Leave Start Date://	Leave Return Date://
Medical Spending Account Dependent Care Assistance Program	amount per pay period \$amount per pay period \$
1. I elected to continue the benefits list	ed above while on unpaid leave.
I have made all necessary contributions	to cover the time of my leave.
I need to make retroactive contributions	s to cover the time of my leave.
To make retroactive contributions, I wo a lump sum for the amount due for from my first paycheck. the amount due to be prorated over during the remainder of the plan year (so	the period of my leave to be taken the paychecks that I will receive
Employee Signature	Date//
2. I elected to revoke the benefits listed	d above while on unpaid leave
I would like to reinstate my benefit payments to contribute the full year electronic I would like to resume pre-tax paymamounts.	ction amount (see worksheet).
I understand I am not eligible for reim during the period when the coverage w	
Employee Signature	Date/