

## **Voluntary Retirement Incentive Option Program Flex Spending Account & Earned Leave Payout Options**

Human Resources

Complete this form even if the FSA and Leave Payout options do not apply to you.

## **Employee Name (please print):**

## Health Care Flexible Spending Account (FSA)/Limited Purpose FSA Only

(this does not apply to the Health Savings Account (HSA) associated with the High Deductible Health Plan (HDHP) or the Dependent Day Care FSA)

	Not applicable; I do not have	e a Flexible Spending Account (FSA).		
	I elect to continue coverage by contributing the remaining annual election via a lump sum contribution my last paycheck. This will allow me to use my FSA through:  December 31, 2023 (if last day employed date is 12/31/2023 or prior) or  December 31, 2024 (if last day employed date is 1/1/2024 or after; must have enrolled in FSA during Annual Benefits Enrollment (ABE) for 2024).			
	I do not elect to have the remaining Health Care/Limited Purpose FSA funds deducted from my last paycheck. I understand my FSA coverage will end at the end of the month of my last paycheck date (not retire date). Expenses for services received after this date are not reimbursable.			
Leave to be Paid Out				
•	I understand any earned and unused leave balances (vacation, personal holiday, floating legal holiday) will be paid out on my last paycheck.			
•	I request to have my unused earned leave processed as outlined below.			
•	I understand I must work with my supervisor to accommodate departmental needs when planning my leave usage.			
•	I acknowledge it is at the discretion of the employer to approve or deny any leave usage prior to my date of retirement.			
	Not applicable; only earn sick leave or do not earn leave			
	Estimated Dollar Amount	Type of Payment		
	\$	Lump Sum Payment Will be directly deposited into bank account.		
	\$	UW 403(b) Supplemental Retirement Plan (SRP) Contribution* Attach Salary Reduction agreement. Indicate Leave Payout on top of SRA form		
	\$	Contribution to WDC 457 Plan*  Make election directly with WDC. UW System will work with WDC on elections.		
	\$	Health Savings Account (HSA)*		

Attach HSA Change of Election form - only if have high deductible health plan and not

met max contribution limit.

*Contributions must be within the IRS contribution limits for the	7.7	,
steps to establish your account before any contribution can be	,	•
the excess will be paid to you in a taxable lump sum payment. I 403(b) and/or WDC 457 account a separate request is required	, , , , , , , , , , , , , , , , , , , ,	•
Employee Signature	Date	