

**Health Flexible Spending Account (HFSA)
Unpaid Leave of Absence (LOA) Form**

Employee Name: _____ **SSN:** _____

Eastern Michigan University permits a Health Flexible Spending Account participant the following options while on an unpaid leave of absence (LOA), under Internal Revenue Service regulations. Choose one of the following options **prior** to beginning your LOA. Except as described under **Revoke** below, you may not change the underlying HFSA election **amount** on account of commencing or returning from the LOA; this form addresses whether you want HFSA coverage during LOA, and how you will pay for it. Check one of the following options.

_____ **Pre-payment.** By choosing this option, I elect to pay for coverage (pretax if done through the payroll process) before the unpaid leave of absence begins. Contact the Benefits Office to arrange the payments.

_____ **Pay-as-you-go.** By choosing this option, I elect to pay for coverage in after tax dollars during the term of the unpaid leave using the same schedule of payments as before the start of the LOA.

_____ **Revoke.** By choosing this option, I elect to revoke contributions to my HFSA during my LOA. I understand my period of HFSA coverage will end as of the first day of my LOA and that expenses incurred after this date will not be eligible. I also understand that when I return to work, I may re-enter the HFSA plan with the either (1) the same election amount, and my payroll deductions will be adjusted, or (2) the same payroll deductions as before my LOA, and my elections will be adjusted. I must contact my employer prior to returning from LOA if I wish to re-enter the HFSA plan. In no case will expenses incurred during the LOA be eligible.

If this form is not submitted before a LOA begins, participation in the HFSA will be revoked during the entire period of LOA and the HFSA will be subject to the provisions of a revoked account, as outlined above.

Upon your return from unpaid leave of absence, contact the Benefits Office at 734-487-3195 to reinstate your account and make any appropriate changes. Failure to do so will result in plans not being reinstated.

Employee Signature: _____ **Date:** _____

Employer Signature: _____
LOA Effective Date: _____
Payroll Period Effective Date: _____