



# Flexible Spending Accounts (FSA) Program MCAP Continuation Election Form

If you will be leaving payroll and wish to continue your MCAP account, submit this form to your agency group insurance representative (GIR) for processing prior to or at the time of termination, retirement or leave of absence. If the form is not submitted prior to leaving payroll, mail the completed form to CMS - Optional Tax Programs Unit, P.O. Box 19208, Springfield, Illinois 62794-9208. Please note: If your MCAP account has been terminated due to missed payroll deductions, it will not be activated until payment is received.

SSN \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date leaving payroll: \_\_\_\_\_ Reason for leaving:  Termination  Retirement  Leave of Absence

Central Management Services requests disclosure of information that is necessary to accomplish its obligations, primarily the statutory purposes outlined under the Personnel Code (20 ILCS 415). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination on eligibility or employment. Social Security numbers are used in the application and employment processes to identify and differentiate between candidates and/or employees. Confidentiality of Social Security numbers obtained through this form will be preserved as prescribed by 5 ILCS 179 et seq.

**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 made on a post-tax basis through a lump-sum payment mailed directly to the OTP Unit.

**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 OTP Unit, in either a monthly or lump sum amount. **This form and your payment must be received within 30 days of the start of your leave of absence.**

**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 30 calendar days** of the termination or retirement.
- Personal Check Payment Option (post-tax)\*:** Employees who go off payroll due to a leave of absence may pay the OTP Unit directly on a post-tax basis for their missing 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 be reimbursable. Payments must be received by CMS by the first of the month. Mail payment to: CMS - Optional Tax Programs 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 nonpayment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payroll Deductions</b>	
GIR/P USE ONLY	<p><b>GIR Instructions:</b> Make sure to include all future deductions that will not be made through regular payroll contributions <b>in addition</b> to the regular payroll deduction that will be deducted for the final pay period worked. Call the OTP Unit for assistance, if necessary. Send this form to the OTP Unit for processing.</p> <p><b>Full Payment option:</b> For the plan year's remaining MCAP deductions, deduct \$ _____ from the (check one)  <input type="checkbox"/> <b>final regular paycheck OR the</b> <input type="checkbox"/> <b>vacation/sick lump sum payment.</b></p> <p><b>Combination option:</b> For the plan year's remaining MCAP deductions, deduct \$ _____ from the (check one)  <input type="checkbox"/> <b>final regular paycheck OR the</b> <input type="checkbox"/> <b>vacation/sick lump sum payment.</b>                      The remaining amount must be paid by a personal check or money order.</p> <p>GIR Signature: _____ Date: _____</p>