

Job Aid: Coordinator Termination Form

This Job Aid shows how to:

Successfully report an end to state employment on behalf of HCSA and DCAP participants

When Should I use this?

The Coordinator Termination Form is only appropriate for use in the following event:

- Employee has ended state employment, but did not complete a status change form

The Coordinator Termination Form should not be used for the following event:

- To report an employee's end of state employment in advance

Special Note:

If an employee has handed in their resignation, coordinators should be guiding them to complete the Status Change Form to report this. The status change Form is available here:

https://benefitstrategies.formstack.com/forms/gic_fsa_status_change

Screenshot

Description

Coordinator Resources

Account Access

Payroll Refund and Re-classification

Coordinator Termination Form

If you are a GIC Coordinator looking to report an employee's end of state employment, due to employee not completing the status change form, click below to report the employment end information

COORDINATOR TERMINATION FORM

Important deadline information: this form must be completed within 60 calendar days of the final date of employment.

Step 1: Navigating to Benefit Strategies website

1. Navigate to <https://www.benstrat.com/gic-fsa/>
2. Scroll down to the "Coordinator Resources" section
3. Click button that states "Coordinator Termination Form"

Screenshot

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COORDINATOR TERMINATION FORM

Step 2: Finding the Coordinator Termination Form

1. Click yellow button titled "Coordinator Termination form"

Coordinator Termination Form

Please fill in a valid value for all required fields
Fields: Former Employee's Name, Former Employee's Social Security Number, Agency, Date State Employment Ended

Former Employee's Name *

Former Employee's Social Security Number *

Agency *

Date State Employment Ended *

Next

PROGRESS

Step 3: Filling out the Coordinator Termination Form

1. Enter former employee's first and last name
2. Enter former employee's Last 4 Digits of social security number (no dashes needed!)
3. Choose correct agency from dropdown menu
4. Enter former employee's last date worked using calendar icon (mm/dd/yyyy)
5. Click Next

Screenshot

Description

Acknowledgement and Agreement

By completing this form and checking the box below, I confirm the following:

I am the named agency's GIC Coordinator and in this role I have regular knowledge of employment start dates and end dates. I confirm that the employee named on this form is no longer employed by this agency, as of the date indicated. I confirm that the employee listed on the form was enrolled in at least one FSA plan and that the employee was provided the following information, either just prior to or subsequent to ending employment with the agency:

- Information about using remaining money in the FSA(s) that they were enrolled in
- Information directing the employee to submit an online status change form
- Information directing the employee to Benefit Strategies if they have additional questions about their unused FSA(s) funds.

I have read and understand the statements above and confirm they are true by my digital signature below.*

Digital Signature *

First Name	Last Name

*Indicates required fields

PreviousSubmit Form

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Step 4: Acknowledging the Terms and Conditions

1. Review acknowledgement and agreement statement
2. Check off the box that states you have read and understand the statement and that you confirm that they are no longer employed
3. Enter your (Coordinator) First and Last name to digitally sign the form
4. Click submit Form

What happens next?

Once this form is submitted Benefit Strategies will process within 3-5 business days.

Once processed, updated status can be seen in the employer portal.