

Aflac Benefit Services/Flex One® Flexible Spending Account (FSA)  
Termination/Leave of Absence Sheet  
(Transit One Accounts)

Please use this sheet to report Transit One changes.

**\*\*All fields must be completed\*\***

**TRANSIT TERMINATIONS:**

Account Name:	
Employee Name:	
Social Security Number:	
Type of Coverage (parking or transit)	
Date of Termination	
Date of Last Deduction	
Total Amount of Parking or Transit Deductions:	

**LEAVE OF ABSENCE:**

Account Name:	
Employee Name:	
Social Security Number:	
Date of Last Deduction Prior to Leave (parking or transit):	
Amount of Last Deduction Prior to Leave (parking or transit):	
Did Employee Drop Coverage (parking or transit)? If yes, indicate termination date:	

**RETURN FROM LEAVE OF ABSENCE:**

Account Name:	
Employee Name:	
Social Security Number:	
Date of Return from Leave of Absence:	
Date Deductions to Resume Upon Return from Leave of Absence (parking or transit):	
Amount of Deduction to Be Taken (parking or transit):	

***Fax this completed sheet to (706) 660-7751***

***Questions?***

***Call 1-800-323-5391***

**IMPORTANT:**

***Please notify Aflac Benefit Services/Transit One whenever these types of changes occur.***