FlexSystem™

TASC®

Qualified Reservist Distribution Form

This Form must be completed by the Client/Employer and submitted to FlexSystem in order to process a Qualified Reservist Distribution.

Participant/Employee Name: _____

Date of Order/Call: _____ Today's Date: _____

Participant/Employee Phone Number: _____ Participant/Employee ID: _____

Client Name: _____

Client ID Number: _____ Client Phone Number: _____

Distribution Amount: $ _____

As the Client/Employer, I request payment from the health Flexible Spending Account for the Participant/Employee listed above. I certify that the information the Participant/Employee has provided me is true and that the requirements of a Qualified Reservist Distribution has been met. I agree to forward this distribution to the Participant/Employee within a reasonable time frame, but no later than 60 days following the date of the order/call. I agree to take the necessary steps to include this distribution in the Participant/Employee's taxable income.

Client Signature: _____ Date: _____

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