



Participant Death Notification

Upon the death of a FSAFEDS participant, please complete and mail or fax this form to FSAFEDS along with proof of your ability to act on the decedent's behalf. This form must be signed by the executor/executrix or administrator of the estate who has assumed responsibility for closing the decedent's estate.

Section 1: Decedent Information

Name:
Date of Death:
FSAFEDS Username or Last 4 Digits of Social Security Number:

Section 2: Executor/Executrix or Estate Administrator

Name:
Address:
City, State, ZIP:

As the executor/executrix or administrator:

- I understand that all reimbursements from the FSAFEDS account will be subject to the provisions of the FSAFEDS program.
- I further understand that all reimbursements will be made to the Estate of the deceased, and will be transmitted at the referenced address.

_____	_____
Signature of Executor/Executrix or Estate Administrator	Date

FSAFEDS Program - Forms
P.O. Box 14877
Lexington, KY 40512-4877