



CANCELLATION REQUEST FORM

This required form makes your cancellation request official.

This form must be fully completed, signed by client, and received by CPI 30 days prior to your Plan end date.

Company Name	
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Cancelled service(s) (select all that apply):			
<input type="checkbox"/>	Flexible Spending Account	<input type="checkbox"/>	HRA
<input type="checkbox"/>	Dependent Care Account	<input type="checkbox"/>	ICHRA
<input type="checkbox"/>	Limited Purpose Spending Acct.	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	COBRA
<input type="checkbox"/>		<input type="checkbox"/>	Direct Bill/Retiree
<input type="checkbox"/>		<input type="checkbox"/>	Non-Discrimination Testing Form 5500 Preparation

Please rate your overall satisfaction with your CPI experience and customer service.			
<input type="checkbox"/>	Very Satisfied	<input type="checkbox"/>	Satisfied
<input type="checkbox"/>		<input type="checkbox"/>	Neither Satisfied nor Dissatisfied
<input type="checkbox"/>		<input type="checkbox"/>	Dissatisfied
<input type="checkbox"/>		<input type="checkbox"/>	Very Dissatisfied

Please indicate the primary reason for cancelling your plan (select one):					
<input type="checkbox"/>	Moved to a new administrator due to:		<input type="checkbox"/>	No longer offering the benefit due to:	
	<input type="checkbox"/>	Price		<input type="checkbox"/>	Lack of participation
	<input type="checkbox"/>	Provider/broker request		<input type="checkbox"/>	Lack of benefit
<input type="checkbox"/>	Consolidation of services		<input type="checkbox"/>	No longer qualify for the plan	
<input type="checkbox"/>	No longer in business or acquired		<input type="checkbox"/>	Changed our current service due to:	
<input type="checkbox"/>	Self-administering plan due to:		<input type="checkbox"/>	Upgraded (moved to a full-service plan)	
	<input type="checkbox"/>	Price		<input type="checkbox"/>	Downgraded (moved to POP or limited-service plan)
<input type="checkbox"/>	Change in plan offerings		<input type="checkbox"/>	Other: (please explain)	
<input type="checkbox"/>	Dissatisfied with services due to:		<input type="checkbox"/>		
	<input type="checkbox"/>	Customer service			
	<input type="checkbox"/>	Price			
	<input type="checkbox"/>	Technology			
	<input type="checkbox"/>	Provider/broker			
<input type="checkbox"/>	Other				

Please end our plan on the last day of:	Month	Year
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IMPORTANT: If you are cancelling any type of Flexible Spending Account or Health Reimbursement Arrangement, additional information detailed below (page 2) is required to end administration. For all other services, (no additional information is needed), the final steps a signature and date on the bottom of page 2.



Company Name	
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Flexible Spending Accounts			
Do you want CPI to process claims for runout or grace period past the plan end date?			
No. If no, we require no additional information			
Yes. If yes, please answer the following questions:			
How many days of grace period? (maximum 75 days)		Grace period end date?	
How many days of runout? (maximum 90 days)		Runout end date?	
Definition of Grace Period: Time during which Participants may submit Request for Reimbursement of eligible expenses incurred after the plan end date. Maximum grace period is 75 days.			
Definition of Runout: Time during which Participants may submit Request for Reimbursement of eligible expenses incurred during the plan year or grace period. Maximum runout is 90 days.			
Other important information:			
<ul style="list-style-type: none"> CPI benefits cards will be deactivated on the cancellation date. Cards cannot be used during the grace and/or runout periods. Inform your FSA Participants of this change. Administrative fees will continue to be billed through the end of the grace and/or runout period. A change to add or remove grace period or carryover requires the applicable plan amendment(s) to be adopted prior to the last day of your plan year. _____ 			
Health Reimbursement Arrangements			
HRA cancellations can be processed for subsequent month only. CPI must receive cancellation by the 15th of the month prior to cancellation effective date. Cancellations cannot be effective retroactively.			
Select your Runout Period. Participants are able to submit claims during this time frame. Runout can be up to 90 days. You will be charged regular administrative fees during this time. If your funding account is in the negative (i.e. more claims paid than funding received) at the time of cancellation, we will continue to collect funding during the runout period. Please notify Participants of time period they have available to submit claims to the HRA plan. (Note: If no runout period is selected, it will default to 90 days.)			
How many days of runout (maximum 90 days)?		Runout end date?	

Signature of Client	Date	
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