

FSA Account Summary

This is meant to provide a summary of accounts for the named individual as of the date listed. This notice is being provided in connection with Section 2810.7 of California legislation.

General Information

Name (First & Last)	
Employee ID	
Company	
Date Summary Prepared	

Account Information

FSA Account Name <i>List all FSA accounts that apply.</i>	Balance <i>(as of date listed above)</i>	Last Date to Incur Expenses	Last Date to Submit a Claim

Signatures

By signing below, I confirm receipt of the FSA Account Summary.

Employee Signature / Date: _____