

Participant Death Notification

Upon the death of a Forma benefits participant, please complete this form and **upload it along with the documents when submitting the claims on Forma portal**. This form must be signed by the executor/executrix or administrator of the estate who has assumed responsibility for closing the decedent's estate.

This form is applicable to only FSA, LPFSA, DCFSA, HRA, and Commuter benefits.

Reach out to the Forma support team with questions:

844-902-2902

support@joinforma.com

Section 1: Decedent information

Name: _____

Work email: _____

Date of death: _____

Last 4 digits of SSN: _____

Section 2: Executor/Executrix or Estate Administrator

Name: _____

Email: _____

Phone: _____

Section 3: Signature

As the executor/executrix or administrator, I understand that all reimbursements from Forma will be subject to the provisions of the participant employer's benefits program. I further understand that all reimbursements will be directly deposited to the participant's account on file at the time of death. If the deceased's account is not available to accept deposits, contact us for an alternative reimbursement method.

Signature of Executor/Executrix or Estate Administrator

_____/_____/_____
Date