

**Dependent Day Care Flexible Spending Account (DDFSA)
Stop DDFSA Deductions Because Dependent Is No Longer Eligible**

Name: _____

Employee Number: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

By completing, signing, and submitting this form, you are requesting that your DDFSA deductions be discontinued as a result of your dependent child reaching 13 years old or as a result of the death of your parent or child. If the form and required documentation is not received within 31 days of the event, your request will be processed as of the date the Benefit Service Center receives the completed form and documentation. See the below reference for required documentation about your dependent/parent. If you have any questions, contact the Benefit Service Center at 888-860-6178.

Why do you want to stop your DDFSA deductions (select one)?

My Dependent Child, who was receiving day care, has now reached the age of 13.
His/her 13th birthday occurred on (MM/DD/YYYY)_____.

My Dependent Child, who was receiving day care, is deceased.
His/her date of death was (MM/DD/YYYY)_____.

Important Note: If your dependent was not covered by an AA medical option and you have not previously provided proof of eligibility, you will need to send in the appropriate documentation. For example: a natural born child would require a birth certificate, a stepchild would require a birth certificate. If in the case of death, you must also provide a certified copy of the death certificate.

My Parent, who was receiving day care, is deceased or no longer receiving day care.
His/her date of death was (MM/DD/YYYY)_____.

Important Note: You must provide a certified copy of the death certificate.

Provide information on your dependent/parent in the spaces below.

First Name	Last Name	Date of Birth

Employee's Signature

Date (MM/DD/YYYY)

Return form by mail to:
American Airlines Benefits Service Center
P.O. Box 564103
Charlotte, NC 28256-4103

Or Fax to:
1-847-554-1884