[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Subject: End of Year Flexible Spending Account (FSA) Expense Summary

Dear [Employee Name],

This letter provides a summary of your Flexible Spending Account (FSA) activity for the plan year ending December 31, [Year].

Account Summary:

- Annual Election Amount: $[0.00]
- Total Contributions to Date: $[0.00]
- Total Claims Paid: $[0.00]
- Current Account Balance: $[0.00]

Important Deadlines:

Please be reminded that according to IRS regulations and your plan documents:
- All eligible expenses must be incurred by: [Date]
- All claims for reimbursement must be submitted by: [Deadline Date]

Carryover/Grace Period Information:
[Select one: Your plan allows a carryover of up to $XXX to the next plan year. / Your plan includes a grace period until [Date] to incur new expenses. / This is a "use-it-or-lose-it" plan; any remaining funds after the deadline will be forfeited.]

Please review your transaction history. If you have any pending claims that require additional documentation or receipts, please submit them through the [Company Portal/Provider Website] as soon as possible to ensure processing before the year-end cutoff.

If you have any questions regarding your balance or eligible expenses, please contact [Department/Provider Name] at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]