Planned Administrators Incorporated

P.O. Box 6927 • COLUMBIA, SC 29260 • 803-462-0151 / 1-800-768-4387

EMPLOYEE TERMINATION

Date: _____

Group Number: _____ Group Name: _____

EMPLOYEE	SOCIAL SECURITY NUMBER	REASON FOR TERMINATION: (V)Voluntarily OR (I)Involuntarily *For term dates 09-01-08 – 12-31-2009 Only*	LAST DAY WORKED IF LAID OFF OR BEGINNING LEAVE OF ABSENCE	*COVERAGE TERMINATED FOR LAYOFF OR LOA	LAST DAY WORKED IF ON TOTAL DISABILITY	*COVERAGE TERMINATED FOR TOTAL DISABILITY	LAST DAY WORKED IF TERMINATED	*DATE COVERAGE TERMINATED	COBRA	
									YES (COBRA ELECTION MUST BE ATTACHED	NO
Sally Sample	***XXX-XX-XXXX***	***V***					***02-28-09***	***02-28-09***		***X***
Additional Comments:										

* Refer to Plan Document

Revised 3-3-2009