



## EMPLOYEE TERMINATION

Date: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Name: \_\_\_\_\_

EMPLOYEE	SOCIAL SECURITY NUMBER	REASON FOR TERMINATION: (V)Voluntarily OR (I)Involuntarily <small>For term dates 09-01-08 – 12-31-2009 Only</small>	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
<i>Sally Sample</i>	<i>XXX-XX-XXXX</i>	<i>V</i>					<i>02-28-09</i>	<i>02-28-09</i>		<i>X</i>

**Additional Comments:**

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\* Refer to Plan Document