



EMPLOYEE TERMINATION

Date: _____

Group Number: _____ Group Name: _____

EMPLOYEE	SOCIAL SECURITY NUMBER	REASON FOR TERMINATION: (V) Voluntarily OR (I) Involuntarily	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>02-28-19</i>	<i>02-28-19</i>		<i>X</i>

Additional Comments:

* Refer to Plan Document