

# EMPLOYEE TERMINATION NOTICE

Employee Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Employee Pin Number \_\_\_\_\_

Today's Date \_\_\_\_\_

**FOR PAYROLL USE ONLY**

Stop Monthly Installments Effective \_\_\_\_\_

Continue Monthly Installments Until \_\_\_\_\_

Benefits Cancelled: Life Insurance \_\_\_\_\_ Hospital Insurance \_\_\_\_\_ Other \_\_\_\_\_ Cobra Packet Mailed Date \_\_\_\_\_