FIRST BENEFIT ADMINISTRATORS

HRA EMPLOYEE TERMINATION FORM

The employer *MUST* notify **FBA** *IMMEDIATELY* when a participant terminates employment or wishes to terminate their election from the plan. This should be done by phone/fax/email for immediate notice and then followed with this written form.

Phone: 727.530.4144 Fax: 727.532.9602 Email: info@firstbenefitadmin.com

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DATE:_____ **EMPLOYER NAME:** _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER:_____

TERMINATION DATE: _____

AN EMPLOYEE HAS SIXTY (60) DAYS FROM TERMINATION DATE TO SUBMIT CLAIMS WITH A DATE OF SERVICE PRIOR TO THE TERMINATION DATE.

BENEFIT ELECTION NOT TERMINATED ABOVE WILL REMAIN IN EFFECT UNTIL THE PLAN YEAR ANNIVERSARY DATE.

YOU'RE SIGNATURE STATES THAT THE PARTICIPANT HAS BEEN INFORMED OF THEIR COBRA CONTINUATION RIGHTS

(COMPLETED BY TERMINATING EMPLOYEE AND PAYROLL DEPARTMENT, AS AUTHORIZED)

Employee Signature:_____ **Date:** _____

Authorized Signature: _____ **Date:** _____

Mail Completed Forms to: **FIRST BENEFIT ADMINISTRATORS, INC**
9455 Koger Blvd. N. Suite 100
St. Petersburg, FL 33702
Phone: 727.530.4144 ◊ Fax: 727.532.9602
www.firstbenefitadmin.com