

TERMINATION FORM

(TO BE COMPLETED BY THE EMPLOYER)

When an employee terminates employment with your facility, please advise InBenefits immediately by completing this termination form.

EMPLOYEE INFORMATION

Employer Name	
Employee Name	
SIN	Telephone Number
Address	
City	Province
	Postal Code
Termination Date	MM / DD / YYYY
Last Day at Work	MM / DD / YYYY
Is there any Grievance Filed for the above Termination Date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Grievance Resolved <i>(Please provide a copy of the settlement)</i>
Is the above Termination a Lay-Off Notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this Individual Subject to Recall Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, When Do Recall Rights Expire	MM / DD / YYYY
Reason(s) For Contributions Received After Termination Date	Have All Outstanding Contributions Up To The Termination Date Been Remitted? <i>(Including Vacation Pay Outs, Retro Pay, Final Pay And Resolution Pay)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Expected Date Last Contribution Will Be Remitted	MM / DD / YYYY
Reason(s) For Contributions Received After Termination Date	

AUTHORIZATION AND SIGNATURE

Employer's Name: _____

Authorized Signature of Employer: _____

Print Name & Title: _____

Date: _____