

Shaffer Insurance Services Inc. -
Benefits Division

NOTIFICATION OF TERMINATIONS TO THE 125 PLAN

EMPLOYER: _____ Date _____

Prepared by: _____ Work phone: _____

Employee Name & last 4 digits of SS#	Termination Date	Benefits Terminated (Example): FSA Medical Group Health	Last Pay <u>Period</u> withheld	YTD Total

COMMENTS:

Please notify us immediately of all Terminations. It's very important that we know if the employee was on the FSA Medical or Dependent Care Assistance program so that a reimbursement check does not go out unaccounted for.

Please return this form to: Shaffer Insurance Services, Inc. – Benefits Division
Fax Number (661) 280-2016 or scan and email it to
darlene@shafferins.com