

**Notice of Termination/Rehire**



Employer's Name	Group / Policy No.	Division No.	Dept. No.
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Employee's Name	Employee Certificate No. or SIN
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<b>DATE OF TERMINATION/REHIRE</b>	m	d	y
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**CHANGE OF STATUS**

Change member status to:

Active

Inactive

Terminated

**REASON FOR CHANGE OF STATUS**

Termination      Date: m\_\_\_\_d\_\_\_\_y\_\_\_\_

Part Time      Date: m\_\_\_\_d\_\_\_\_y\_\_\_\_

Full Time      Date: m\_\_\_\_d\_\_\_\_y\_\_\_\_

Leave of Absence      Date: m\_\_\_\_d\_\_\_\_y\_\_\_\_

**EXTENSION OF BENEFITS (Applicable only during Notice Period or as part of Severance Agreement)**

Extension of benefits coverage from the above date of termination until:

Date: m\_\_\_\_d\_\_\_\_y\_\_\_\_

Note: The following benefits may **not** be extended (if applicable under the terms of the above contract):  
 Short Term Disability, Long Term Disability, Out of Country Emergency Medical Care, Travel Assist

**REHIRE DETAILS**

Waiting Period for Rehire	Earnings _____	Hr / Wk / Annum _____
Apply Waiting Period <input type="checkbox"/>	Class _____	Status S/F _____
Waive Waiting Period <input type="checkbox"/>	Dept. _____	Division _____

(If rehire is within 6 months of termination, waiting period may be waived)

If any other information differs from the employee's prior period of employment, please attach a Change of Record form with additional details.

Plan Administrator's Signature _____	Date _____
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