

**Notice of Termination/Rehire**



Employer's Name	Group / Policy No.	Division No.	Dept. No.
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Employee's Name	Employee Certificate No.
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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: Insurer approval may be required. Extension of benefits requests must be submitted prior to or on the termination date. Some benefit extensions may be limited to a maximum of the statutory notice period.

**REHIRE DETAILS**

Waiting Period for Rehire	Earnings _____	Hr / Wk / Annum _____
Apply Waiting Period	Class _____	Status S/F _____
Waive Waiting Period	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