



Employee Termination of Benefits Form

Health Benefits Administration | Seventh-day Adventist Church in Canada
1148 King Street East, Oshawa, ON L1H 1H8 | 1-800-263-7868 or 905-433-3964 | Fax 905-433-3717

Send to HBA by Termination of Employment Date

Employer

EMPLOYEE INFORMATION

Last Name

First Name

Date of Birth

Last Day of Active Employment

Date to Terminate Benefits

Are benefits being offered as a part of a termination settlement?

Yes

No

If Yes, contact HBA.

Option to convert Life Insurance and Personal Accident Protection Plan was explained to employee?

Yes

N/A (65 yrs+ for Life Insurance / 70 yrs+ for Accident Protection)

To your knowledge, is the employee transferring to another denominational employer in Canada?

Yes

No

If Yes, list new employer

Completed by:

Name

Date