



Employee Benefits Termination of 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: _____
dd-mmm-yyyy

Last Day of Active Employment: _____
dd-mmm-yyyy

Date to Terminate Benefits: _____
dd-mmm-yyyy

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

- ☐ Yes **If YES, (LTD) Indicate how many weeks of minimum statutory notice:** _____
- ☐ No

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 **If YES, list new employer:** _____
- ☐ No

Is employee retiring?

- ☐ Yes
- ☐ No

Completed By: _____
Name

Date: _____
dd-mmm-yyyy