



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

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

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
dd/mmm/yyyy