



Diversified Administration, Inc.
Section 125 Cafeteria Plan
Termination of Employment Form

When an employee terminates employment with your company, it is critical that we receive this form from you to insure that payroll deductions are stopped in our system to avoid making costly errors in claim reimbursement.

Company Name: _____

Employee Name: _____ SS #: _____

Date of Termination: _____

Date of Last Payroll Deduction: _____

Do they qualify for COBRA: _____

Return Debit Card: _____

Submitted By: _____

Today's Date: _____

Entered by: _____
