



**Diversified  
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Tax Savings For Employers & Employees

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# 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.

## Participant Information

Employer Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

## Termination Information

Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Payroll Deduction Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do they qualify for COBRA:    Yes    No

Human Resource Administrator's Signature: \_\_\_\_\_