



**Diversified
Administration, Inc.**
Tax Savings For Employers & Employees

E-mail: Claims@Div125.com
Fax: 954-983-9695
Mail: 6161 Washington Street
Hollywood, FL 33023
Phone: 954-983-9970

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: _____