

Notification of Participant Termination

Company Name: _____

The participant listed below has terminated (or will be terminating) employment because of:

Check one:

_____ Termination of employment

_____ Total and permanent disability

_____ Early or normal retirement

_____ Death

Participant Name: _____ SS#: _____

Participant Address: _____

Participant Phone Number: _____

This participant is: _____ Single _____ Married _____ Divorced

Date of termination/disability/death: _____

Number of hours worked since the beginning of the plan year to the date of termination/death:

Compensation earned for the current plan year: _____

Trustee

Date

**Fax or Email this completed sheet to:
Paradigm Benefits – 300 E. Bremer Avenue, Suite 220 – Waverly, IA 50677
FAX 319-352-8008 -- PH. 319-352-5631**