

Employer Reporting of Termination

Mail To:

AMI Benefit Plan Administrators, Inc.
100 Terra Bella Drive
Youngstown, Ohio 44505

Email To:

PMT@amibenefit.com

Fax To:

1-866-436-6703

Questions:

1-800-451-2865

www.amibenefit.com

Participant Demographic Information

Employer Name _____

Employee Name _____

Employee Address _____

Street

City

State

Zip

DOH ____/____/____ DOB ____/____/____ Marital Status M ____ S ____

SS# (last four) _____ Phone Number (____) _____

Email Address _____

Reason for Benefit Election

____ Retirement as of ____/____/____

____ Termination as of ____/____/____

____ Disability as of ____/____/____

____ Death as of ____/____/____

____ Other (specify) _____

Additional Demographic Information

- Number of hours employee has worked since the beginning of the plan year: _____
- Are there additional deposits or contributions pending? Yes ____ No ____
- Check Date of Last Contribution to be processed: _____
- Is employee entitled to vacation pay? Yes ____ No ____ If yes, date vacation ends _____
- Will the employee receive severance pay? Yes ____ No ____ If yes, date begins and ends ____ to ____

Salary deferrals are not deducted from severance pay. In addition, severance pay compensation is not included for plan testing purposes.

- Is there any year in which the employee did **not** work the required number of hours to receive credit for a year of service? Yes ____ No ____ If yes, please provide information below.:

Notes: _____

Authorized Signature

Signature _____ Date: ____/____/____