

**The Association Insurance Benefit Trust
Vision Program by Superior Vision Services**

Administered by Beneficial Administration LLC
2505 McCabe Way, Irvine, CA 92614
Phone: 1-800-854-7417 • Fax: (949) 724-1603



Employee Termination Form

Date: _____

Employer Group Name: _____

Employer Group Number: _____

| <u>Employee Name:</u> | <u>Soc.Sec.No.:</u> | <u>Term. Date:</u> | <u>Termination Reason:</u> |
|-----------------------|---------------------|--------------------|----------------------------|
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |
| _____ | ____/____/____ | _____ | _____ |

The above information is submitted by an authorized representative of the employer:

Name of submitter: _____

Title of submitter: _____

Signature of submitter: _____

Date signed/submitted: _____

Please fax this form to Beneficial Administration, LLC @ (949) 724-1603