



Employee Termination Form

(For Terminating Employees Only)

Return To: Infinity Trust
 6368 Pearl Road
 Main Floor
 Cleveland, OH 44130

Fax To: 440-842-8669

E-mail To: itenrollment@insurancestrategyinc.com.

| |
|-------------------------|
| From: Group Name: _____ |
| Address: _____ |
| City, State ZIP: _____ |
| Phone: _____ |
| Date: _____ |

| Terminations ONLY | | | |
|--------------------|------------|------------------------|-----------------|
| Employee Last Name | First Name | Social Security Number | Last Day Worked |
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Terminations are to be processed within 30 days of the date last worked. All terminations take place the first of the month following last day of work. If employee is terminated on the first of the month, the employee's termination date will be the same day. **Pay-as-billed Process – All adjustments will be applied to the next billing period. Please do not write changes, terminations, etc. on your premium billing statement.**

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|---------------------------------------------------------------------------------|-------|
| Signature of Officer of Employer, Employer's Authorized Signer or Broker/Agent: | Date: |
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