

ARCHDIOCESE OF LOUISVILLE
NOTIFICATION OF EMPLOYEE TERMINATION FORM

PARISH/GROUP NAME: _____ Group #: _____

SEND COMPLETED FORM TO HUMAN RESOURCES OFFICE Fax: 502-585-2466

EMPLOYEE DATA:

Employee: First _____ MI _____ Last _____

Street Address: _____

City/State/Zip: _____

Phone: Home _____ Cell _____

Date of Birth: _____

Date of Hire: _____

Social Security Number: _____

Annual Salary as of Jan. 1: \$ _____

Position: _____

Hours worked per week: _____

Weeks worked per year: _____

Hours worked per year: _____

Employee Benefits to Terminate:

- Life Insurance/ Long-Term Disability
- Health:
 - Employee only
 - Employee + Spouse
 - Employee + Child(ren)
 - Family
- Dental: (Choose plan)
 - Preventive Plus
 - PPO
 - Traditional Preferred(Choose level of coverage)
 - Employee only
 - Employee + Spouse
 - Employee + Child(ren)
 - Family

Employee Benefits to Terminate (cont):

- Vision:
 - Employee only
 - Employee + Spouse
 - Employee + Child(ren)
 - Family
- Short-Term Disability
- ** Health Care Spending Account \$ _____
- ** Dependent Care Spending Account \$ _____
- Reliance Standard Supplemental Life

****If change affects Flexible Spending Accounts
a copy of this form must be sent to AIM.**

EMPLOYEE TERMINATION:

TERMINATION DATE: _____ Date Benefits End: _____ (last day of the month)

Reason for Termination: _____

Personal E-mail: _____

* RETIREMENT DATE: _____ Meets eligibility for Group 180 - Early Retirees & elects' coverage

*Contact Human Resources Office for Early Retiree Enrollment Form

Employee Signature _____ Date _____

Bookkeeper/Administrator _____ Date _____

| |
|-----------|
| CB: _____ |
| L: _____ |
| BP: _____ |