

PIOPAC Fidelity

Third Party Administration
"Security, Integrity, Trust"

Notice of Employee Termination

PLEASE USE THIS FORM TO NOTIFY PIOPAC FIDELITY OF ANY TERMINATIONS OF EMPLOYEES WITH UNREIMBURSED MEDICAL, DEPENDENT DAY CARE OR PREMIUM DEDUCTIONS.

**** FAILURE TO DO SO COULD RESULT IN FUNDS BEING IMPROPERLY RELEASED. ****

Please fax this form to PIOPAC Fidelity at (808) 536-0430

Employer: _____

Employee Name: _____

SSN: _____

Termination Date: _____

Date of Last Paycheck Deduction: _____

Benefit Termination Date: _____

Total ** URM Plan Year to Date Deductions: \$ _____

Total DDC Plan Year to Date Deductions: \$ _____

Total AFLAC Plan Year to Date Deductions: \$ _____

Total LIFE Plan Year to Date Deductions: \$ _____

Total TRANSPORTATION Plan Year to Date Deductions: \$ _____

**** URM Benefit Only:**

URM Participant account is Underspent and COBRA notice sent to covered employee and qualified beneficiaries.

URM Participant account is Underspent and we are not subject to COBRA.

YOU WILL RECEIVE A CALL OR EMAIL FROM OUR OFFICE TO VERIFY THAT WE RECEIVED THIS FORM FROM YOUR OFFICE. IF A CALL OR EMAIL IS NOT RECEIVED WITHIN ONE BUSINESS DAY PLEASE CONTACT OUR OFFICE.

Signature (FSA Contact)

Phone

Date

• 1132 Bishop Street Suite 2101 • Honolulu, HI 96813 •
• Phone (808) 526-0097 • Toll Free (800) 777-0284 • Fax (808) 536-0430 •