

TERMINATION OF BENEFITS LETTER

Employer Name: _____

Employer Address: _____

Employee Information:

Full Name: _____

Employee ID / Social Security No.: _____

Job Title: _____

Department: _____

Benefits Termination Details:

- This letter serves as formal notification that your benefits will be terminated effective immediately.
- Health Insurance Coverage Ends: _____
- Retirement Plan Participation Ends: _____
- Other Benefits Affected (please specify): _____

Reason for Termination:

Next Steps and Instructions:

- Please review your final paycheck and benefits statements carefully.
- Contact Human Resources for information on COBRA continuation coverage options.
- Return any company property as outlined in your separation agreement.
- Direct any questions or concerns regarding benefits termination to the HR department promptly.

Acknowledgment of Receipt:

I acknowledge receipt of this Termination of Benefits Letter and understand the information provided regarding the termination of my benefits. I understand that I may contact Human Resources for any questions or clarifications.

Employee Signature

Employer Representative Signature

Signature: _____

Signature: _____

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