

Employment Termination Checklist

Employee Name: _____

Date of Termination: _____

_____ **Benefit Eligible, Y/N:** If an employee is not benefit eligible, please just send this form to Human Resources for record of the employee termination. You do not need to fill out any other part of this form.

Please check any benefit the employee had:

_____ **Assurant Dental/Vision Plan:** Assurant dental/vision coverage will go through the end of the termination month.

_____ **UNUM Group Life and LTD:** Life insurance terms on the day of termination. This benefit has portability option for the amount of life insurance at the time of termination.

Voluntary Benefits

_____ **Term Life Insurance:** Employees should pay the policy for the month of termination. For example, if the termination date was March 14, 2015, then the employee should pay for the full month of March. This benefit does have a portability option.

_____ **Critical Care:** Employees should pay the policy for the month of termination. For example, if the termination date was March 14, 2015, then the employee should pay for the full month of March. This benefit does have a portability option.

_____ **Accident Insurance:** Employees should pay the policy for the month of termination. For example, if the termination date was March 14, 2015, then the employee should pay for the full month of March. This benefit does have a portability option.