

# Employee Removal / Termination from plan



Please complete this form to remove an employee from the Flexsave™ plan.

## EMPLOYEE INFORMATION

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_  
DD/MMM/YYYY

Effective Date of Termination: \_\_\_\_\_  
DD/MMM/YYYY

## PLEASE NOTE:

HUB Financial is not responsible for claims paid prior to notification of termination.

Eligible claims - those with a *service date* prior to the date of termination - will be processed when received including those received at HUB after termination date.