EMPLOYEE NEW HIRE/TERMINATION NOTIFICATION FORM

THIS IS TO NOTIFY YOU OF A . . . .

☐ **New Hire** ☐ **Termination**

Please check the apporopriate box.

Group Name: _____

Employee Name: _____ **SS#:** _____

Hire Date: _____ **Title:** _____ **Office Location:** _____

(Complete this section for Terminations only)

Termination Date: _____

Original Date of hire: _____

Employee's current address: _____

_____

Who is covered under this employee's plan?

(Check one) ☐ **Spouse Only** ☐ **Child(ren)** ☐ **Spouse & Child(ren)**

Do any covered family members reside at a different address than the employee?

(Check One) ☐ **N/A** ☐ **Yes** ☐ **No**

(If Yes, please complete address below)

Name: _____
☐ **Spouse** ☐ **Child** (check one)

Address: _____
_____

Name: _____
Child

Address: _____
_____

Name: _____
Child

Address: _____
_____

Name: _____
Child

Address: _____
_____

Form Prepared by: _____ **Date:** _____

Please fax this form to Ken Stamey's office @ (707) 449-8266 or e-mail to chris@prjinsurance.com

If you have any questions you can contact our office @ (707) 449-4021 or (800) 427-7074.