

Employee Termination Form

Employer Name _____

Authorized By _____ Date _____

Urgent: To prevent processing delays, please process terminations directly into the Employer Portal.
 The Employer Portal Instructions may be a helpful guide to process terminations.

In lieu of the Employer Portal, you may use this form to notify Medcom of employee terminations.
 Please keep in mind processing time may be 3-5 business days.

Please submit this completed form to FBDeIig@medcombenefits.com

Participant Name	Plan Type	Social Security Number	Termination Date	YTD Contributions