

# PIOPAC Fidelity

## Notice of Employee Termination

PLEASE USE THIS FORM TO NOTIFY PIOPAC FIDELITY OF ANY TERMINATIONS OF EMPLOYEES WITH UNREIMBURSED MEDICAL, DEPENDENT DAY CARE OR PREMIUM DEDUCTIONS.

**\*\* FAILURE TO DO SO COULD RESULT IN FUNDS BEING IMPROPERLY RELEASED. \*\***

**Please fax this form to PIOPAC Fidelity at (808) 536-0430**

Employer: \_\_\_\_\_

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

Termination Date: \_\_\_\_\_ Date of Last Paycheck Deduction: \_\_\_\_\_

Benefit Termination Date: \_\_\_\_\_

Total \*\* URM **Plan Year to Date** Deductions: \$ \_\_\_\_\_

Total DDC **Plan Year to Date** Deductions: \$ \_\_\_\_\_

Total AFLAC **Plan Year to Date** Deductions: \$ \_\_\_\_\_

Total MASS TRANSIT **Plan Year to Date** Deductions: \$ \_\_\_\_\_

Total PARKING **Plan Year to Date** Deductions: \$ \_\_\_\_\_

**\*\* URM Benefit Only:**

- URM Participant account is Underspent and COBRA notice sent to covered employee and qualified beneficiaries.
- URM Participant account is Underspent and we are not subject to COBRA.

YOU WILL RECEIVE A CALL OR EMAIL FROM OUR OFFICE TO VERIFY THAT WE RECEIVED THIS FORM FROM YOUR OFFICE. IF A CALL OR EMAIL IS NOT RECEIVED WITHIN 1 BUSINESS DAY PLEASE CONTACT OUR OFFICE.

\_\_\_\_\_  
Signature – (FSA Contact)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

• 1132 Bishop Street Suite 2101 • Honolulu, HI 96813 •  
• Phone (808) 792-5226 • Fax (808) 536-0430 •