



Employee Termination Form

(For Terminating Employees Only)

Return To: Infinity Trust
6368 Pearl Road
Main Floor
Cleveland, OH 44130

Fax To: 440-842-8669

E-mail To: itenrollment@insurancestrategyinc.com.

From: Group Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Date: _____

Terminations ONLY			
Employee Last Name	First Name	Social Security Number	Last Day Worked

Terminations are to be processed within 30 days of the date last worked. All terminations take place the first of the month following last day of work. If employee is terminated on the first of the month, the employee's termination date will be the same day. **Pay-as-billed Process – All adjustments will be applied to the next billing period. Please do not write changes, terminations, etc. on your premium billing statement.**

Signature of Officer of Employer, Employer's Authorized Signer or Broker/Agent:	Date:
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Please Note: All forms may be filled out electronically. To begin, download this form to your local device and save. When complete, simply click EMAIL button to submit electronically.

Acrobat Reader is required. Click the logo to download the software. Further instructions may be found at:
<https://helpx.adobe.com/acrobat/using/filling-pdf-forms.html>

