



Employee Benefits Group

## RECORD OF TERMINATION OF EMPLOYMENT

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

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

Employee Social Security Number: \_\_\_\_\_

Date of Termination of Employment: \_\_\_\_\_

Date of pay check in which last deduction will be taken: \_\_\_\_\_

(e.g. Date of Term. is 6/24, but last pay check date with pre-tax deduction is 6/30)

If pay period deduction is prorated, please state amount of last deduction: \$ \_\_\_\_\_

Signature of Representative of Employer: \_\_\_\_\_

Date: \_\_\_\_\_

**A copy of this change form must be provided to CGI for update in system.**

Mail to: CGI Employee Benefits Group  
Attn: Benefits Dept.  
171 Londonderry Turnpike  
Hooksett, NH 03106

Fax to: CGI Employee Benefits Group  
Attn: Benefits Dept.  
Fax (603) 232-9363  
Toll Free (866) 841-4600  
Ph (603) 622-4600