Non-AASIS Agency Notice of Termination or Retirement

Agency: _____   Agency #: _____

Employee Name: _____   SS#: _____

Termination or Retirement Date: _____

Termination (please check one)

Voluntary Termination

Due to Non-Payment of Premiums

Date of Death: _____ (Death Certificate required)

Other: _____

Retirement

Retirement System: _____

_____   _____
Signature of Insurance Representative   Date

Rev. 8/1/2023