



Notice of Participant Termination (Separation from Service)

Please complete the requested information for any participant who has terminated employment and who has accrued a benefit under the Plan.

Please sign and mail or fax the completed form to:

Primark Benefits
875 Mahler Road, Suite 105
Burlingame, CA 94010
Fax: 650 692-2039

Plan Name: _____

Employee Name: _____ Social Security #: _____

Mailing Address: _____

If the Employee is willing to accept the forms by email, please supply their personal email address:

Email Address: _____ @ _____ . _____
----- Marital Status -----

Birth Date: _____ Date Employed: _____ Married Unmarried

This employee separated from service on _____ as a result of:

Death Disability Retirement Other (Quit/Fired): _____

Does this employee have?

A loan from the Plan Insurance in the Plan

Compensation/Contributions (Enter the beginning date of the plan year and base the following on that date):

Compensation from _____ until date of termination is: \$ _____

401(k) Salary Deferrals from the beginning of Plan Year until termination: \$ _____

Roth Deferrals from the beginning of the Plan Year until termination: \$ _____

Hours of Service (from the beginning of the plan year until date of termination): _____

Employer Signature: _____ Date: _____

Primark Benefits
Phone: 650 692-2043
Fax: 650 692-2039