



Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 683-0983 <http://www.state.ar.us/dfa/ebd>

Notice of Transfer, Termination or Retirement

To Be Completed by the Transferring or Terminating Agency or District

Agency/School: _____ Agency/District#: _____

Employee Name: _____ SS# or Member ID: _____

Term, Transfer, or Ret Effective Date: _____

Last Day of Insurance Coverage: _____

Transfer

From (Agency or School District Name): _____

To (Agency or School District Name): _____

Termination

Reason for Termination (check one):

- Due to Gross Misconduct
- Due to Non-Payment of premiums
- Due to Disability
- Due to Other: _____
- Due to Death: _____ (date of death)
- Voluntary Termination

Retirement

Name of Retirement System: _____ Change Date: _____

 Signature of Insurance Rep/School Business Official Date

EBD Office Use Only	
_____ Signature of Benefits Specialist	_____ Date
Check List for termination due to death:	
<input type="checkbox"/> Send Death Claim Form	
<input type="checkbox"/> Send Surviving Dependent Packet	