Employee Termination Form

CLEAR FORM

This form is to be used to terminate employees from the group's Health, Life and Disability policies. Please print.

Group policy name:	Group policy number:

Please check your most recent listing of employees which is on the back page of your premium invoice. If any of your employees have terminated their employment, please complete and return this form to BF&M. A maximum refund of one-month premium is allowed on any former employee.

Health certificate number	Life and Disability certificate number	Employee name (first/middle/last)	Health termination date (dd-mmm-yyyy)	Life and Disability termination date (dd-mmm-yyyy)

Declaration

Employer declaration and signature

I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to BF&M for the purposes described in BF&M's Privacy Policy (www.bfm.bm/privacy).

Name (first/middle/last):	
Sign:	Date (dd-mmm-yyyy):

For BF&M official use only

Date processed: ____/____/____ Admin: _____ Comments: _____

BF&M Life Insurance Company Limited 112 Pitts Bay Road, Pembroke HM 08, Bermuda +1 441 295 5566 bfm@bfm.bm www.bfm.bm

BF&M Life Insurance Company Limited is part of the BF&M Limited group of companies.