THE BF&M LIFE INSURANCE COMPANY LIMITED
PO Box HM 1007 • Hamilton HM DX • Bermuda
Tel: 441-295-5566 • Fax: 441 295-0866

REPORT OF EMPLOYEE'S TERMINATION OF EMPLOYMENT FORM

Please check your most recent listing of employees which is sent with your premium statement. If any of your employees have terminated their employment, please complete and return this form to BF&M Life.

Name of Employer:	Group No.

Terminations of Employment.

Cert. No.	Name of Employee (surname first)	Last day worked Day Mth. Yr.	Insurance Company use only		
			Eff. Date	No. Adj. Mths.	Entry No.

Please note: A maximum refund of three months premium is allowed on any former employee.

Date: _____ Signed on behalf of Employer: _____

B.P.