

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM
SEPARATION NOTICE**

Employee Information

Employee Name _____ Date of Birth _____

Address _____
(Street Address, City/Town, Postal Code)

Type of Separation

Termination/Resignation Retirement

Death _____
Name/ Address/Phone No. of person to contact

Separation Date Information (Year/Month/Day)

Date of separation: _____

Was this employee on a leave of absence or lay off prior to the date of separation? Yes No

If yes, what was the last day worked? _____

Basic Life Insurance & Disability Income Plan

Did this employee contribute to Basic Life Insurance to the Date of Separation?

Yes No Not Applicable

Did this employee contribute to the Disability Income Plan? Yes No Not Applicable

Payroll Information

Employee's Hourly Rate of Pay \$ _____ or Annual Salary \$ _____

How many pay periods are there in the year of separation: _____, 1st pay period start date: _____

During the year, did the employee receive any vacation pay? Yes No. If yes, how much? _____

Was the vacation pay pensionable? Yes No. Were the vacation hours pensionable? Yes No.

Pensionable Service for the current calendar year (separation year)

A	B	C
Current Year Total Pensionable Hours Worked	Current Year Base Hours	Current Year Pensionable Service = A / B

Pensionable Earnings and Contributions paid in the current calendar year (separation year)

	Pensionable Earnings	Required Employee Pension Contributions
Current Year Pensionable Earnings		
Retro paid in current year for _____ year's service:		
TOTALS		

Employer Information

Employer Number _____ Employer Name _____

Contact Person _____ Email _____ Phone No. _____
(Printed Name)

Authorized Signature _____ Date _____

For information on the completion of this form, please review the MEBP Employer Manual.

MEBP OFFICE USE – MEMBER ID: _____