



State of Arkansas
 Department of Finance
 And Administration

EBD
 Employee Benefits Division
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 Little Rock, AR 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-2366 <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
- Voluntary Termination

Plans Currently Enrolled in:

- Health Advantage
- Blue Cross/Blue Shield
- QualChoice
- NovaSys Health
- USAbLe Life

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:

- Send Death Claim Form
- Send Surviving Dependent Packet