



Employee Termination Form

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

Group policy name: <input type="text"/>	Group policy number: <input type="text"/>
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i 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 Island Heritage. A maximum refund of one-month premium is allowed on any former employee.

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

Employer declaration and signature (authorised signatory):

I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to Island Heritage for the purposes described in Island Heritage's Privacy Policy (www.islandheritageinsurance.com/privacy).

Signatory name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

For Island Heritage official use only

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