BeneFLEX
HR RESOURCES INC.

HCSO Employee Termination Form

Company Name: _____

Employee Name: _____ **SS#** _____

Address (street): _____

(City, State & Zip) _____

Termination Date: _____ **Date Notified BeneFLEX:** _____

BeneFLEX cannot guarantee the required 3-day notification if BeneFLEX is not notified on the termination date.

FAX or E-MAIL
BeneFLEX HR Resources Inc.
info@beneflexhr.com
314-909-6983 (fax)
314-909-6979 (ph) or (800) 631-3539

Received by BeneFLEX HR Resources, Inc.: _____ Date: _____
(BeneFLEX use only)