# TERMINATION FORM

**Fax to: (604) 419-0299**
**Attention: Group Insurance Administrator**
**Automotive Retailers Association**

| | Social Insurance Number | Name of Employee<br>Last Name First Name | Termination Date<br>Month/Day/Year |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

**Date: ____________ Employer Signature: ____________________________**

**Account #: ________________ COMPANY NAME: ____________________**


# TERMINATION FORM

**Fax to: (604) 419-0299**
**Attention: Group Insurance Administrator**
**Automotive Retailers Association**

| | Social Insurance Number | Name of Employee<br>Last Name First Name | Termination Date<br>Month/Day/Year |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

**Date: ____________ Employer Signature: ____________________________**

**Account #: ________________ COMPANY NAME: ____________________**