Southern Administrators and Benefit Consultants, Inc.
P.O. Box 2449
Madison, MS 39130-2449
(601) 856-9933 OR (800) 844-2555
WWW.SABCFLEX.COM

TERMINATION REPORT

COMPANY: _____

_____

_____

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Please list Employee Name, Soc. Sec. #, and Date Termination:

NAME	SS#	DATE
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

If the Employee(s) in an HRA Plan with SABC, please be sure to indicate (HRA) next to their Name above, so that SABC is aware of the HRA Term Date.

Total Number of Terminations: _____

Number of Employees after Terminations: _____

If the Employee(s) terminating were participating, please subtract them from your monthly invoice. If the Employee(s) participated for 10 or more days within a month, they are to be included in that months payment. Thank you.

Please feel free to mail: SABC, Inc.
P. O. Box 2449
Madison, MS 39130-2449

(Or)

Email: vgivens@sabcflex.com
Fax: (601) 856-8088