



BENEFITS TODAY

Employee Benefit Administration Services

NOTICE OF EMPLOYEE TERMINATION FOR HSA

Please submit this form promptly to Region 1 Benefits Today upon the termination of an employee's employment.

HSA OWNER INFORMATION

Company Name	Terminating Employee Name	Employee ID #
Effective Date of Termination	Last HSA Payroll Contribution	

SUBMITTING TERMINATION FORM

Email to:

Support@r1benefitstoday.org

Fax to:

218.236.2368

Mail to:

Region 1 Benefits Today
3031 17th Street S
Moorhead, MN 56560

Authorized Person:	Signature:
Title:	Date: