
FACSIMILE TRANSMITTAL SHEET

TO: Cafeteria Department

FROM:

COMPANY: OMNI Group, Inc.

date:

FAX NUMBER: (225) 926-6428

TOTAL NO. OF PAGES INCLUDING COVER: 1

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Convenience Card Termination Fax Form

URGENT

**THIS CAFETERIA PLAN PARTICIPANT HAS *TERMINATED*
EMPLOYMENT. PLEASE INACTIVATE THEIR CONVENIENCE
CARD.**

(PLEASE A DIFFERENT FAX SHEET FOR EACH TERMINATED EMPLOYEE)

NAME	SOCIAL SECURITY NUMBER	DATE TERMINATED	DATE OF LAST PAYROLL DEDUCTION

Please indicate the amount of pay reduced for the employee's final pay-period on the appropriate Contribution Worksheet.

IMPORTANT! REMEMBER TO COLLECT THE FLEX CARD FROM TERMINATING EMPLOYEE AS YOU WOULD KEYS TO YOUR FACILITIES. Funds will still be available under the terms of COBRA, if the employee elects to continue coverage under COBRA.

QUESTIONS? (225) 926-6370 OR 1-800-375-6664

COMPANY _____ SIGNATURE _____