



**403B PLAN
Notice of Severance from
Employment**

Do not complete this form if the participant is on leave of absence due to disability.

This form should be used to notify CBB when a participant no longer has an employment relationship with the employer, any affiliate or related organization.

1. EMPLOYEE INFORMATION

First Name: M.I. Last Name:
Social Security #: Date of Birth: Job Title:
Date of Termination: Tel/Cell: Email:
Mailing Address: City/State/Zip:

2. EMPLOYMENT

Employer/Church Name: CBB Acct#
Administrator Name: Tel #:
Mailing Address: City/ST/Zip:
Email: Best time to contact:

3. BENEFIT CANCELTION

Check all the benefits that apply:

403b Employer Contribution: Final Contribution Amount For Benefit Period:
 403b Employee Voluntary: Final Contribution Amount For Benefit Period:
(Attach a Salary Reduction Agreement canceling the payroll deduction)
 Life & LTD Insurance: Final Payment Amount For Benefit Period:
Insurance Premium cannot be prorated; the whole month premium amount must be paid.

Administrator Name: _____

Administrator Signature: _____ Date: _____

Please keep a copy of this form for your records and return the original to:

Church Benefits Board
160 Clairemont Avenue, Suite 500,
Decatur, GA 30030

Phone: (800) 352-8741
Fax: (770) 220-1661
Web: www.churchbenefits.org