Security Benefit®

Security Benefit
Health Reimbursement Arrangement (HRA) Indiana VEBA Plan
Employment Status Change Notification
Retirement, Separation, Termination

Questions? Call our National Service Center at 1.866.747.3416.

Instructions

Use this form to change Employee status.

1. If you are adding a Termination Date, please also indicate R for Retired or S for separated from service, input the final contribution mailed date and update the vested percentage for each applicable Contribution.
2. For Employees who have left due to a Reduction in Force (RIF) please do not update Term/Retire Date until they are no longer on the recall list.
3. Any employee who is Retired or Separated From Service and is not fully vested will be forfeited immediately or after Final Contribution has been made.
4. Contribution – enter applicable contribution number from participation agreement and vested percentage.

Please type or print in black ink.

Provide Employer Information

Employer Group Name _____
(required)

Employer Plan Number _____
(if known)

SSN	Last Name	First Name	Birth Date	Hire Date	Termination Date	Retired -R Sep of Svc - S	Final Cont Mailed Date	Vesting for Contribution	Vesting for Contribution	Vesting for Contribution
999-999-9999	Sample	Participant	1/1/1950	8/1/1975	5/31/2011	S	6/30/2011	#1-50%	#2-100%	#5-100%

Provide Signatures

I understand and authorize the changes requested on this form.

X _____ _____
Authorized Employer Signature Date (mm/dd/yyyy)

_____ _____
Printed Name of Authorized Employer Title

Mail to: Security Financial Resources | P.O. Box 758549 | Topeka, KS 66675-8549 or **Fax to:** 785.438.4944

Email: RPWF-VEBA@SecurityBenefit.com

Visit us online at SecurityBenefit.com/Indiana