



EMPLOYEE TERMINATIONS

GROUP NAME: _____

GROUP SERIES: (CHECK ALL THAT APPLY)

EDT GROUP # _____ **EGT GROUP #** _____

EVT GROUP # _____ **EGB GROUP #** _____

THE FOLLOWING EMPLOYEES ARE NO LONGER EMPLOYED:

<u>CERT. #</u>	<u>NAME</u>	<u>DATE LAST WORKED</u> (MO. DAY YR.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AmWINS Group Benefits, Inc.
Policyholder Services
2 Enterprise Drive, Suite 204
Shelton, CT 06484
Fax: (203) 924-0860
E-Mail: PHS@AmWINS.com