

Flexsave - Employee Removal / Termination from Plan

Please complete this form to remove an employee from the Flexsave plan.



| Employee Information | |
|---|---|
| Company Name: | |
| Employee Name: | |
| Employee Date of Birth DD / MMM / YYYY | Effective Date of Termination: DD / MMM / YYYY |

Please note:

HUB Financial is not responsible for claims paid prior to notification of termination

Eligible claims – those with a *service date* prior to the date of termination – will be processed when received including those received at HUB after termination date.