

## Section 125 Cafeteria Plan

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Company Name

### Participant Termination/LAYOFF Notice

Terminating participants and their termination date must be IMMEDIATELY REPORTED to Professional Benefit Services. Please keep this in your file and fax to Professional Benefit Services at (503) 364-6901 when necessary.

<u>Name</u>	<u>Term Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Professional Benefit Services

1193 Royvonne Suite 22  
Salem, OR 97302

Phone 1-800-982-2012, 503-371-7622, Fax 503-364-6901