

# Terminations

Choose Group:  COBERM  COBE2M  COBEOM

Issue Date: \_\_\_\_\_

Pension #: \_\_\_\_\_ Dept/Loc: \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: enter text. \_\_\_\_\_

Original Retirement Date: \_\_\_\_\_ Date of Cut-Off: \_\_\_\_\_

Cut-Off Reason:  Death  Return to Work  Non-Compliance: \_\_\_\_\_

Pay Sources:

Monthly  
Pay Source# \_\_\_\_\_ : \$ \_\_\_\_\_

Pay Source# \_\_\_\_\_ : \$ \_\_\_\_\_

Pay Source# \_\_\_\_\_ : \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Remarks:

- No Benefit is payable
- The Beneficiary will be \_\_\_\_\_

Choose all that apply:

- Cancel Direct Deposit
- Local Print for \_\_\_\_\_
- Reverse ACH for \_\_\_\_\_
- Reverse Check for \_\_\_\_\_

Additional Remarks:

Analyst: _____	Date: _____
Supervisor: _____	Date: _____
Typist: _____	Date: _____
Accounting: _____	Date: _____