



ARCHDIOCESE OF NEW YORK

BENEFITS TRANSFER & TERMINATION TRANSMITTAL

This form is designed to provide a simple and fast method of reporting terminations & transfers. It should be submitted within 10 days of an employee's/dependent's status change date in order to ensure that the benefit records reflect the most current information and that any adjustments are reflected on the next billing cycle. Employers will only receive adjustments up to 60 days from date of event (any Employers who does not submit forms on a timely basis and the former employee incurs medical claims after termination date, will not receive any medical adjustments). Employers must keep copies of transmittal forms for their records.

Date Last Worked: _____

Termination Date: _____

Benefit End Date: _____

Employee Name: _____ SSN: _____

Occupation: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Lawson #: _____ Institution #: _____ Department #: _____ Division Code: _____

Transaction Type: _____

Reason: _____

Table with 2 columns: Transaction Type (code description) and Reason Code (code description). Rows include Termination of Employment, Death of Employee, Institution Transfer, Termination of EE Benefits, and Other (with sub-rows for RW, RX, SE).

For Transferring Employees:

Current Institution #: _____ New Institution #: _____ Effective Date: _____

New Institution Name: _____

Priest & Religious transfers only:

New Home Address: _____

Preparer's Signature: _____ Date: _____

Preparer Print Name: _____ Email Address: _____

Institution Name: _____ Inst. #: _____ Dept. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____ Ext.: _____

Administrators: Please send completed form to Employees Benefit Connections at ebc@archny.org. For any questions or further assistance, please call 1.646.794-3060. Administrators: If you are a Regional Employee, your completed form must be sent to your HR Coordinator.