



## Employee Termination Form

This form is to be used to terminate employees from the group's Health, Life and Disability policies.

**i** **NEW:** Complete and submit this form entirely online at [bfm.bm/online-employee-termination](https://bfm.bm/online-employee-termination)

Group policy name:  Group policy number:

**i** Please check your most recent listing of employees which is on the back page of your premium invoice. If any of your employees have terminated their employment, please complete and return this form to BF&M. A maximum refund of one-month premium is allowed on any former employee.

Health certificate number	Life and Disability certificate number	Employee name (first/middle/last)	Health termination date (dd-mmm-yyyy)	Life and Disability termination date (dd-mmm-yyyy)
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### Declaration

#### Employer declaration and signature

I confirm that I have all necessary consents and notices in place to enable the lawful transfer of employees' personal data to BF&M for the purposes described in BF&M's Privacy Policy ([www.bfm.bm/privacy](https://www.bfm.bm/privacy)).

Name (first/middle/last):

Sign:  Date (dd-mmm-yyyy):

#### For BF&M official use only

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin: \_\_\_\_\_ Comments: \_\_\_\_\_