



## ELCIC Termination Employer Termination Notice Form

### Description

This form must be completed and submitted to notify ELCIC GSI of an employee's termination. We request that the notice of termination be provided **in advance**, when possible, to ensure timely processing. Early notification of any **salary changes** prior to invoice creation allows for proper adjustments and accurate final invoicing.

The **termination date** must be determined before processing can begin. Please note that **group benefits cannot be extended** in lieu of notice or severance period if the employee is not actively at work.

### Employee Identification

Employer Name		Employer Number	
Member Name		Member Number	
Position/Job Title			
Employment Start Date (DD/MM/YYYY)			
Employment Termination Date (DD/MM/YYYY)			
Last Day Worked (DD/MM/YYYY)			
Vacation Paid To (if applicable) (DD/MM/YYYY) <small>Note: If no vacation owing the termination date is the last day worked. If vacation is owing the termination date is the date which vacation is paid)</small>			

### Termination Details

Type of Termination	<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination <input type="checkbox"/> End of Call <input type="checkbox"/> Other: _____
Is the employee receiving in lieu of notice or severance pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If checked yes, specify (amounts, duration)	

### Salary Basis (Final month only)

Gross Annual Salary	
Housing Allowance	
Vacation Paid (if applicable)	
Overtime/Bonuses/Other Additional Pay	

Return completed form to  
 ELCIC Group Services Inc. A1 – 844 McLeod Ave. Winnipeg, MB R2G 2T7  
 T: 204-984-9181 F: 204-984-9179 Toll Free: 1-877-ELCICGS (352-4247) Email: admin@elcicgsi.ca Website: www.elcicgsi.ca

We recognize and respect every individual's right to privacy. Refer to the GSI website for our complete Privacy Policy.

**Final Premiums**

- A full month of Health Module premium is charged in the final month, regardless of termination date.
- Coverage ends at midnight on the termination date.
- The **Life Plus** premium is based on the employee’s actual salary in the final month.
- Please advise GSI once this is known to ensure accurate invoicing.

**Note:** Employees have **90 days** from the termination date to submit claims incurred on or before their last day of coverage. Details regarding conversion options will be provided to the member.

**Pension Contributions**

Final pension contributions are calculated on:

- Actual regular salary paid (pro-rated if terminated mid month)
- Plus, housing (FMV) and housing equity or housing allowance (if applicable)
- Plus, vacation pay

**Note:** Pension contributions apply to any notice period but not to severance pay

All contributions up to the termination date must be **received before the pension account can be settled**. Prompt remittance of these final contributions will allow the termination process to proceed without delay.

**Authorization and Acknowledgements**

Employer signature		Date	
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