



# Employee Termination Notice

For Employers Only

## 1 General Participant Information

Full Legal Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

SS #  -  -

Date of Termination: \_\_\_\_\_  
mm/dd/yyyy

% Vested: \_\_\_\_\_

Has the final contribution for this employee's account been sent? Yes No

If not, when will the last contribution be sent? \_\_\_\_\_  
mm/dd/yyyy

If yes, what day was it sent to MBA? \_\_\_\_\_  
mm/dd/yyyy

**Note:** Employees will not be allowed to close out their account until ALL CONTRIBUTIONS have been received and credited to their account.

For distribution purposes, the following criteria need to be met for there to be a severance from employment for lay workers and non-AG ministers who have been employed at an AG church or ministry:

- An employee has ceased regular employment at any AG ministry to the best of this ministry's knowledge.
- There is no verbal, written, or other agreement to continue work on a regular basis or to guarantee a certain number of hours to be worked in any time period.

Exception: Former employees may be on call to temporarily fill in for absent employees or work on special projects. There would be a reasonable expectation for the former employee to work less than 20 hours per week.

- The former employer has certified to us in writing that the severance from employment, as defined above, has occurred.

## 2 Employer Information & Signature

Employer Name: \_\_\_\_\_

Employer City & State: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Employer E-Mail: \_\_\_\_\_

*I certify that the employee listed in section 1 has had a severance from employment, as defined above, from this ministry.*

Employer Signature: \_\_\_\_\_