

Notification of Terminated Member

In order to help maintain accurate records, please notify MFPRSI when a member leaves the city's employment. Please complete this form for each member terminating employment, and mail or fax this form to MFPRSI at your earliest convenience.

MFPRSI will contact the member and inform them of their options regarding the Chapter 411 plan.

Member's First Name

Member's Last Name

Last 5 Digits of SSN

Date of Hire

Last Day Worked – List the final day the member is an employee of the city and include any vacation time used prior to termination.

Date of Final Payroll that includes 411 Earnable Compensation

Reason for Termination:

Hired by another city?

☐ Yes

☐ No

If "yes," which city?

Member's Forwarding Address

Member's Email

Member's Phone

Reporting City Official

Title

City of

Date