

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		the men city and	v Worked – List the final day nber is an employee of the l include any vacation time or to termination.	Date of Final Payroll
Reason for Termination:				
Hired by another city?	□ Yes	🗆 No	If "yes," which city? _	
Member's Forwarding Add	lress			
Member's Email				Member's Phone
Reporting City Official			Title	
City of			Date	