

## 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_