

Employee Removal / Termination from plan

FlexSave™

Please complete this form to remove an employee from the Flexsave™ plan.

Employee Information

Company Name: _____

Employee Name: _____

Employee Date of Birth: _____ Effective Date of Termination: _____
DD/MMM/YYYY DD/MMM/YYYY

Please Note:

HUB Financial is not responsible for claims paid prior to notification of termination.

Eligible claims – those with a *service date* prior to the date of termination – will be processed when received including those received at HUB after termination date.

