



Benefit Elect of Texas

FLEXIBLE COMPENSATION TERMINATION FORM

Company Name: _____

Employee Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

TERMINATION INFORMATION

Effective Date of Termination: _____

Last Payroll Date for Deductions: _____

BENEFIT CATEGORY

PARTIAL DEDUCTION AMOUNT

(complete only if a different amount is being withheld
form last payroll)

Signature of Participant: _____ Date: _____

Company Representative: _____ Date: _____

**This form may be faxed to Benefit Elect at 1-713-960-1540, or mailed to
P.O. BOX 570728 Houston, TX 77257-0728.**