



**STATE OF ARKANSAS
Department of Finance
and Administration**

EBD
Employee Benefits Division
Post Office Box 15610
Little Rock, Arkansas 72231-5610

Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 683-0983 <http://www.state.ar.us/dfa/ebd>

NON-AASIS Notice of Termination or Retirement

Agency/School: _____ Agency/District#: _____

Employee Name: _____ SS#: _____

Termination or Retirement Date: _____

Termination

Reason for Termination (check one):

- Voluntary Termination
- Due to Non-Payment of premiums
- Due to Death: _____ (date of death)
- Due to Other: _____

Retirement

Name of Retirement System: _____

Signature of Insurance Representative

Date