

## **Instructions for Employee Termination Notice**

Employers of New York State employees should ensure that they have processes in place to provide this written notice to all departing employees within five days of separation. In the case of termination initiated by the employer, we would advise employers to be prepared to provide this written notice at the time of termination, whenever possible.

As applicable, complete the following page only and provide it to the employee within the above timeline. If the employee is currently enrolled in company benefits, it may be helpful to provide the employee with a contact list of benefit providers.

## Employee Termination Notice

|                                                                  |
|------------------------------------------------------------------|
| Company Name: _____                                              |
| Date: _____                                                      |
| To: _____                                                        |
| From: _____                                                      |
| This is to inform you that your last date of employment is _____ |

As applicable, your benefits will end on the following dates as listed below:

| Benefit                                                                  | Last Date of Coverage |
|--------------------------------------------------------------------------|-----------------------|
| Medical Insurance                                                        |                       |
| Dental                                                                   |                       |
| Vision                                                                   |                       |
| Voluntary benefits                                                       |                       |
| Company paid benefits:<br>(Life and/or Disability plans)                 |                       |
| List voluntary benefit plans that the employee<br>is currently enrolled: |                       |

For questions regarding your benefits, please contact me at \_\_\_\_\_