



## CLIENT TERMINATION OF SERVICES

Please note per your Administrative Services Agreement, we must receive 30 days written notice to terminate services. Completion of this form will serve as notice of termination of services; the effective date of the notice is the date the form is received in our offices.

Client Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

### Date service(s) is/are to be terminated:

<input type="checkbox"/> <b>COBRA*</b> mm/dd/yyyy	<input type="checkbox"/> <b>Direct Billing</b> mm/dd/yyyy
<input type="checkbox"/> <b>FSA</b> mm/dd/yyyy	<input type="checkbox"/> <b>HSA</b> mm/dd/yyyy
<input type="checkbox"/> <b>HRA</b> mm/dd/yyyy	<input type="checkbox"/> <b>Commuter**</b> mm/dd/yyyy
**Last Benefit Month-Commuter: Month	

\*American Benefits Group will allow COBRA system access for a period of 90 business days from the date of termination as a means of obtaining the information & status of each COBRA Member.

\*\*If you are currently using the **My Commuter Connect** benefit order site for Parking and Transit, please tell us the last benefit month employees are permitted to order passes for (keep in mind that orders placed at the beginning of the month are for the following benefit month and must be paid for through payroll deductions the month prior to the benefit).

### Do you want ABG to administer run-out claims?

FSA*** <input type="checkbox"/> Yes <input type="checkbox"/> No	HRA <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*\*\*If you offer a Grace Period with your FSA benefit please explain who will be administering the Grace Period claims and how they are to be administered.

### What is the final date employees will be allowed to submit claims to ABG for reimbursement?

FSA mm/dd/yy	HRA mm/dd/yy	Parking mm/dd/yy
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### Confirm the date you want the employee debit cards turned off.

FSA mm/dd/yy	HRA mm/dd/yy	Commuter mm/dd/yy	HSA mm/dd/yy
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Authorized By: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

We at American Benefits Group pride ourselves on the customer service we provide. Please take a couple of minutes and fill out the survey below. We welcome all comments.

Reason for termination of services:	
Overall, how satisfied or dissatisfied are you with our company?	<input type="checkbox"/> Very Satisfied
	<input type="checkbox"/> Somewhat Satisfied
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Somewhat Dissatisfied
	<input type="checkbox"/> Very Dissatisfied
Were our system(s) easy to navigate and use?	<input type="checkbox"/> Very Easy Navigate
	<input type="checkbox"/> Easy to Navigate
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Hard to Navigate
	<input type="checkbox"/> Very Hard to Navigate
How would you rate the knowledge of the staff?	<input type="checkbox"/> Very Knowledgeable
	<input type="checkbox"/> Knowledgeable
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Unknowledgeable
	<input type="checkbox"/> Very Unknowledgeable
How willing are you to recommend our company to others?	<input type="checkbox"/> Very Willing
	<input type="checkbox"/> Willing
	<input type="checkbox"/> Neutral
	<input type="checkbox"/> Unwilling
	<input type="checkbox"/> Very Unwilling
If you were unhappy with your ABG experience, what can we do to get you to come back?	
Do you have any other comments, questions, or concerns?	
If you are moving to a new administrator could you please share who you are moving to?	