

FIRST RELIANCE STANDARD

TERMINATION REQUEST (First Reliance Standard LTD/STD)

_____ Long-Term Disability _____ Short Term Disability

_____ Both Long and Short Term Disability

Date _____

Name (please print): _____

Employer / Bill Group: _____

Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Contact Phone Number: _____

Reason for Termination: _____

Signature _____

Send Completed Form To:

IBT Local 295

Attn: Valerie Orsaris

33 West Hawthorne Avenue

Valley Stream, NY 11580

Via Fax: (516) 568-1973

Via E-Mail: vorsaris@local295.com

Your request will be submitted for processing. Please allow 2 – 4 weeks for processing.

For office use only: Received _____