



# Employee Insurances Continuation Notice

Date	
Name	
Address	
City/State/Zip	

**RE: Insurances to be affected by your employment interruption with YVEDDI**

<input type="checkbox"/>	Health Insurance	
	Employee Action(s) Needed	
	Due Date	
	Employee Action(s) Needed	
	Due Date	

<input type="checkbox"/>	Pension/Retirement	
	Employee Action(s) Needed	
	Due Date	
	Employee Action(s) Needed	
	Due Date	

<input type="checkbox"/>	Employee Paid Optional Insurances	
	Plan	
	Action Needed	
	Due Date	
	Plan	
	Action Needed	
	Due Date	
	Plan	
	Action Needed	
	Due Date	

<input type="checkbox"/>	Other	

Submitted By	
Program Director	

Enclosures:	
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Please call the Benefits Administrator at 336-367-3528 if you have any questions.