

**SECTION 1: MEMBER INFORMATION**

LAST NAME		FIRST NAME		M.I.	LAST 4 DIGITS OF SSN
<b>GAINING AGENCY</b>					
AGENCY NAME	EMPLOYEE ID #	HIRE DATE		BENEFITS ELIGIBILITY DATE	
<b>LOSING AGENCY</b>					
AGENCY NAME	EMPLOYEE ID #	HIRE DATE	SEPARATION DATE	LAST DAY OF INSURANCE COVERAGE <i>For employment breaks only, Does not apply to transfers.</i>	

**SECTION 2: BENEFITS - All amounts should be calculated as of the last pay**

MEDICAL PLAN		COVERAGE	CURRENTLY COVERED DEPENDENTS NAMES
<b>ADOA PLANS</b> <i>(Universities: use for those enrolled in ADOA plans.)</i> <b>Carriers</b> <input type="checkbox"/> BCBS <input type="checkbox"/> UHC <b>Plans</b> <input type="checkbox"/> TRIPLE CHOICE PLAN <input type="checkbox"/> HDHP W/HSA HSA Amt contributed to date _____ as of _____	<b>UNIVERSITY-SPECIFIC PLANS</b> <input type="checkbox"/> PPO - NAU <input type="checkbox"/> DOMESTIC PARTNER - UA <input type="checkbox"/> NOT ENROLLED <input type="checkbox"/> NOT ENROLLED	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + 1 CHILD <input type="checkbox"/> FAMILY	

DENTAL		COVERAGE	CURRENTLY COVERED DEPENDENTS NAMES
<input type="checkbox"/> PPO - DELTA DENTAL <input type="checkbox"/> DHMO - UHC SOLSTICE DENTAL <input type="checkbox"/> DOMESTIC PARTNER - UA <input type="checkbox"/> NOT ENROLLED		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + 1 CHILD <input type="checkbox"/> EMPLOYEE + FAMILY	

VISION		COVERAGE	CURRENTLY COVERED DEPENDENTS NAMES
<input type="checkbox"/> AVESIS ADVANTAGE PROGRAM <input type="checkbox"/> DOMESTIC PARTNER - UA <input type="checkbox"/> NOT ENROLLED		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + 1 CHILD <input type="checkbox"/> EMPLOYEE + FAMILY	

**FLEXIBLE SPENDING ACCOUNTS - FSA**

WITH	HEALTHCARE		LIMITED PURPOSE (Dental/Vision Only)		DEPENDENT (Childcare/Eldercare)	
<input type="checkbox"/> ADOA <input type="checkbox"/> UNIV	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	ANNUAL ELECTION AMT  AMT CONTRIBUTED TO DATE	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	ANNUAL ELECTION AMT  AMT CONTRIBUTED TO DATE	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	ANNUAL ELECTION AMT  AMT CONTRIBUTED TO DATE

**SUPPLEMENTAL LIFE and AD&D**

EMPLOYEE SUPPLEMENTAL LIFE - ADOA			DEPENDENT (Spouse/Children) SUPPLEMENTAL LIFE - ADOA		
<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	CURRENT SALARY	COVERAGE AMT	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	COVERAGE AMT	

EMPLOYEE SUPPLEMENTAL LIFE - ASU			SPOUSE SUPPLEMENTAL LIFE - ASU		CHILD SUPPLEMENTAL LIFE - ASU	
<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	CURRENT SALARY	COVERAGE AMT	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	COVERAGE AMT	<input type="checkbox"/> ENROLLED <input type="checkbox"/> NOT ENROLLED	COVERAGE AMT

EMPLOYEE SUPPLEMENTAL LIFE - NAU			DEPENDENT (Spouse/Children) SUPPLEMENTAL LIFE - NAU		
<input type="checkbox"/> ENROLLED	CURRENT SALARY	COVERAGE AMT	<input type="checkbox"/> ENROLLED	COVERAGE AMT	
<input type="checkbox"/> NOT ENROLLED			<input type="checkbox"/> NOT ENROLLED		
EMPLOYEE SUPPLEMENTAL LIFE - UA			DEPENDENT (Spouse/Children) SUPPLEMENTAL LIFE - UA		
<input type="checkbox"/> ENROLLED	CURRENT SALARY	COVERAGE AMT	<input type="checkbox"/> ENROLLED	COVERAGE AMT	
<input type="checkbox"/> NOT ENROLLED			<input type="checkbox"/> NOT ENROLLED		
SHORT TERM DISABILITY					
SHORT TERM DISABILITY (STD) - ADOA		SHORT TERM DISABILITY (STD) - UNIV			
<input type="checkbox"/> ENROLLED		<input type="checkbox"/> ENROLLED	CARRIER	LEVEL	
<input type="checkbox"/> NOT ENROLLED		<input type="checkbox"/> NOT ENROLLED		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
SECTION 3: STATE RETIREMENT					
EMPLOYEE CLASSIFICATION AT TIME OF SEPARATION			<input type="checkbox"/> ASRS	<input type="checkbox"/> UNIV ORP	VESTED
			<input type="checkbox"/> PSPRS/EORP/CORP	CARRIER	<input type="checkbox"/> YES
			Tier:	<input type="checkbox"/> FIDELITY	<input type="checkbox"/> NO - expected vested date _____
			<input type="checkbox"/> TIAA		
403(b) RETIREMENT ACCOUNT			457(b) RETIREMENT ACCOUNT		
<input type="checkbox"/> ENROLLED	ANNUAL ELECTION AMT	PLAN YEAR AMT CONTRIBUTED TO DATE	<input type="checkbox"/> ENROLLED	ANNUAL ELECTION AMT	PLAN YEAR AMT CONTRIBUTED TO DATE
<input type="checkbox"/> NOT ENROLLED			<input type="checkbox"/> NOT ENROLLED		
SECTION 4: LEAVE					
ANNUAL LEAVE				SICK LEAVE	
FINAL ANNUAL LEAVE ACCRUAL RATE (ABOR, ASU, NAU, UA, ADOA)			TRANSFER AMOUNT (if applicable)		FINAL BALANCE
SECTION 5: ADDITIONAL COMMENTS / CLARIFICATIONS					
SECTION 6: PAYROLL NOTIFICATION					
<input type="checkbox"/> GAINING AGENCY - COPY OF FORM SENT TO PAYROLL REP BY _____ DATE SENT _____					
<input type="checkbox"/> LOSING AGENCY - COPY OF FORM SENT TO PAYROLL REP BY _____ DATE SENT _____					