First Financial Group of America
First in Service and Expertise

Date: _____

CONTINUATION OF BENEFITS

Name: _____

Address: _____

City/State/Zip: _____

Last Day of Employment: _____

School System Name: _____

Please list below the voluntary benefits you wish to make changes to:

_____

_____

_____

Since you are resigning or retiring from your position with our school system, we need to know if you wish to continue any voluntary benefits. Please complete the information below and return this form either to FFGA or the Central Office.

_____ I verify with my signature that I wish to continue the benefits listed above.

Signature: _____

Last 4 digits of SSN: _____   Phone Number: _____

Email Address: _____

_____ I verify with my signature that I DO NOT wish to continue the benefits listed above.

Signature: _____

Last 4 digits of SSN: _____   Phone Number: _____

Email Address: _____

| **Please send completed form to:** |
| easternregion@ffga.com |
| **Or Fax to: 910-792-1438** |
| **Or by Mail to: 3904 Oleander Dr. Ste 200, Wilmington, NC 28403** |