P.O. BOX 13260
Maumelle, AR 72113
Toll Free: 866.710.0456
Online:PalcoFirst.com

Employment Separation Notice

You are required to notify Palco of separation of employment. Failure to notify us of such events increases the chances of fraudulent claims filed on your behalf, which could present penalties under the U.S. False Claims Act, as well as potentially impact the participant's benefits.

Complete this form if the worker named in this document no longer provides services under the employer. Submit to Palco within 24 hours of separation. This form must be completed to the best of your ability to enable Palco to comply with important state employment laws on your behalf.

REQUIRED INFORMATION	
Worker Full Name	Palco ID
Employer Full Name	Palco ID
Last Day Worked (mm/dd/yyyy)	Average Number of Hours Worked Per Day_____ Per Week_____

Primary Reason for Separation

- ☐ Worker resigned.
- ☐ Worker failed to report to work for _____ shifts.
- ☐ Worker was dismissed for poor attendance.
- ☐ Worker was dismissed for poor performance.
- ☐ Worker was dismissed for other reason: _____
  _____

_____ _____
Employer Signature **Date**

_____ _____
Worker Signature **Date**

If one of the above parties does not sign:

_____ _____ _____
Witness Printed Name **Witness Signature** **Date**

***Please return this form to Palco via email: enrollment@palcofirst.com* or via fax to 1.877.859.8757.**

EN-000000-ESN-1.0