



KS WORK UnitedHealthcare Separation of Employment

The purpose of this form is to document terminations as well as other separation of employment situations. It also more accurately facilitates the processing of unemployment claims and allows KS WORK program, through Public Partnerships LLC (PPL) to have a better understanding of the details of your working arrangement.

Participant/Employer Name:	Participant/Employer ID:
Personal Assistant (PA) Name:	Personal Assistant (PA) ID:
Last day employee <i>physically</i> worked:	Reason for separation (check one): <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Did you attach a final timesheet for terminated PA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please send with final timesheet if PA has been terminated.	
Personal Assistant's Forwarding Address (if applicable):	

Details of the Events

(Please give a brief description of the conversation you had with the PA on the day of the separation)

Participant/Employer Name (Print):	
Participant/Employer Signature:	Date:

Send form to KS WORK program, through PPL via fax, email, or mail

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*FOR FASTEST PROCESSING, EMAIL OR FAX FORMS		