



## 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	FMA Employee ID
Employer Full Name	FMA Employer ID
Participant Full Name	Medicaid ID
Last Day Worked (mm/dd/yyyy)	Average Number of Hours Worked
	Per Day _____ Per Week _____
Primary Reason for Separation <input type="checkbox"/> Worker resigned. <input type="checkbox"/> Worker failed to report to work for _____ shifts. <input type="checkbox"/> Worker was dismissed for poor attendance. <input type="checkbox"/> Worker was dismissed for poor performance. <input type="checkbox"/> Worker was dismissed for other reason: _____ _____	

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Date**

***Please return this form to Conduent via email, fax, or mail.***

***Email: [docprocessing@conduent.com](mailto:docprocessing@conduent.com)***

***Fax: 866-302-6787***

***Mail: PO Box 27460 Albuquerque, NM 87125-7460***