



## MA PROVIDER TERMINATION FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen by mail, fax, or email:

**Mail:** 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
**Fax:** (866) 499-3077  
**Email:** [payroll-MA@acumen2.net](mailto:payroll-MA@acumen2.net)

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

PROVIDER NAME:		
PROVIDER ID #:		
LAST DATE OF EMPLOYMENT:	CHECK ONE	
	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY <input type="checkbox"/>
REASON FOR ENDING EMPLOYMENT:		
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:		
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:		
PARTICIPANT NAME AND MA ID #:		
EMPLOYER/AUTHORIZED REP NAME:		
EMPLOYER/AUTHORIZED REP SIGNATURE:	DATE:	

Acumen Fiscal Agent, LLC  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Phone: (866) 427-1739  
Fax: (866) 499-3077.  
[Payroll-MA@acumen2.net](mailto:Payroll-MA@acumen2.net)