

# TERMINATION FORM

## PART 1 | PLAN INFORMATION

PLAN SPONSOR/GROUP NAME	
GROUP NUMBER	
DIVISION NUMBER	
PLAN ADMINISTRATOR (please print)	

## PART 2 | PLAN MEMBER INFORMATION

PLAN MEMBER NAME (Last Name, First Name)				
MEMBER ID #		COVERAGE STATUS (Family/Single)		EFFECTIVE DATE OF CHANGE (mm/dd/yyyy)

PLAN MEMBER NAME (Last Name, First Name)				
MEMBER ID #		COVERAGE STATUS (Family/Single)		EFFECTIVE DATE OF CHANGE (mm/dd/yyyy)

PLAN MEMBER NAME (Last Name, First Name)				
MEMBER ID #		COVERAGE STATUS (Family/Single)		EFFECTIVE DATE OF CHANGE (mm/dd/yyyy)

PLAN MEMBER NAME (Last Name, First Name)				
MEMBER ID #		COVERAGE STATUS (Family/Single)		EFFECTIVE DATE OF CHANGE (mm/dd/yyyy)

PLAN ADMINISTRATOR'S SIGNATURE	DATE SIGNED (mm/dd/yyyy)

Send completed and original forms to your Plan Administrator; retain a copy for your files.

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