HealthSourceRI
FOR EMPLOYERS

Phone: 1-855-683-6757

Group Termination Request

Employer Name:

Account Code:

Termination Date:

Select Reason for Termination:

- ☐ Found other coverage - Carrier Name:
- ☐ Voluntary
- ☐ Out of business
  - ☐ Sold
  - ☐ Merged with another business
  - ☐ Closed
- ☐ Last enrolled employee terminating
- ☐ Other:

Additional Information:

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X _____

Owner/Authorized Contact