

Employee/Dependent Termination Request

Employer Name:

Account Code:

Termination Date:

Employee or Dependent(s) the request is for:

(If the request is for the entire family, only state the employee's name)

<u>Name(s):</u>	<u>Terminating:</u>	<u>Medical</u>	<u>Dental</u>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

Voluntary Termination OR Involuntary Termination

Group size (Full-time equivalent employees): _____