CHOICE BUILDER

721 South Parker, Suite 200 • Orange, CA 92868
(866) 412-9279 • www.choicebuilder.com

Employee Termination Notification Form

For Termination of Employment, Reduction of Hours, Loss of Life

FAX completed form to: (866) 412-9280

Company Name | **Group #** B

Complete this form when there is a termination of employment, reduction of hours or loss of life. Coverage will end on the last day of the month following each event. Should the event occur on the last day of the month, coverage will terminate same day.*

1

Employee Last Name | **Employee First Name**

Employee Social Security Number | ***Last Day Employed or Eligible** MO DAY YEAR

Reason:
- ○ *Resignation of employment*
- ○ *Hours reduced - no longer eligible*
- ○ *Involuntary employment termination***
- ○ *Deceased*

2

Employee Last Name | **Employee First Name**

Employee Social Security Number | ***Last Day Employed or Eligible** MO DAY YEAR

Reason:
- ○ *Resignation of employment*
- ○ *Hours reduced - no longer eligible*
- ○ *Involuntary employment termination***
- ○ *Deceased*

3

Employee Last Name | **Employee First Name**

Employee Social Security Number | ***Last Day Employed or Eligible** MO DAY YEAR

Reason:
- ○ *Resignation of employment*
- ○ *Hours reduced - no longer eligible*
- ○ *Involuntary employment termination***
- ○ *Deceased*

****Involuntary termination of employment includes but is not limited to layoffs, job elimination and termination for cause.**

Form **MUST** be signed and dated by an authorized group contact on file with Choice Builder in order for the termination request to be processed.

If your company offers Life Insurance through Choice Builder, it is your responsibility to notify terminated employees of their conversion rights. The life conversion information is available at www.choicebuilder.com.

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Group Plan Administrator Signature | Print Name | Date

General Guidelines

- Please do not send a cancellation request prior to the actual last day of employment or eligibility
- Coverage will cease at the end of the month following the last day of employment or eligibility. In some cases, termination of employment and termination of coverage will be the same day.
- Written notification must be received within 30 days of the event
- Choice Builder will only give retroactive credit if notification was received within the guidelines provided
- Voluntary termination of coverage for employees and/or dependents must be submitted on a change request form. (Coverage will cease at the end of the month following receipt of a completed form. If received on the last day of the month, coverage will end same day.)
- Dependent qualifying events should be submitted on a dependent qualifying event form. (Coverage will cease at the end of the month following the event provided written notification is given within 60 days of the qualifying event.)

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