



# MEMBER TERMINATION FORM

(use for any PacAdvantage plans)

If this form is faxed to PacAdvantage, confirm the termination by checking for receipt of a disenrollment confirmation letter as well as carefully checking your next invoice.

## A. EMPLOYER INFORMATION

Group number \_\_\_\_\_

Name of employer \_\_\_\_\_

## B. MEMBER INFORMATION

If disenrolling an employee with or without dependents, please enter the employee's name and social security number. If disenrolling a dependent only, enter the dependent's name and social security number. If disenrolling more than one person, use one form for each person (employee and/or dependent).

Member for whom coverage will terminate is:  Employee  Dependent

Member first name \_\_\_\_\_ M.I. \_\_\_\_\_ Member last name \_\_\_\_\_

Social security number \_\_\_\_\_ Terminate coverage as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IMPORTANT:** Please provide employee's current address: \_\_\_\_\_

Please note: Coverage ends on the last day of the month. Retroactive disenrollment is not permitted.

## C. REASON FOR TERMINATION OF COVERAGE

- Employment termination date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Obtained other group sponsored coverage
- Medicare entitled
  - No longer eligible for group sponsored insurance
  - Voluntarily terminating group sponsored insurance
- Obtained other individual coverage
- Employee request (for reasons other than above)
- Employee no longer eligible
  - Reduction in hours
  - Employee is no longer W2 employee
- Dependent no longer eligible (please specify) \_\_\_\_\_
- Deceased (date of death) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

If your group is subject to Federal COBRA regulation, it is your responsibility to provide COBRA notice to employees whose disenrollment constitutes a COBRA qualifying event.

## D. SIGNATURE

Employer authorized representative first name \_\_\_\_\_ Employer authorized representative last name \_\_\_\_\_

Signature of employer / authorized representative

Signature \_\_\_\_\_ Date signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_