## TERMINATION REPORT

Using this form for Enrollments and Changes will delay the processing. *Terminations submitted on this report must be received by the*  $I^{st}$  of the month or they may not be reflected until your next invoice. Employers may complete this form to cancel their employees from Coverage. **All other changes (i.e. adding or dropping a dependent) must be submitted via an Enrollment Form.** For more timely termination credits on your invoice, please fax this report to the Eligibility Department @ 1-717-526-2920.

<b>Group Number:</b>	Today's Date:	
<b>Company Name:</b>	Invoice Period:	
Address:	Contact Name:	
	Telephone Number:	

Social Security Number	Employee's Name Last, First, Middle Initial	Term Code*	Last day of employment	Last day of coverage

## **Reasons for Termination\***

- 1. Employment Terminated
- 2. Moved Out of Area
- 3. Loss of Eligibility
- 4. Non-Payment of Premium
- 5. Other Coverage
- 6. Deceased