



# Termination Notice

Member  
SSN

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To be submitted for all Employees and/or Dependents whose coverage is terminating (including termination following a reduction in hours)\*  
 You must submit this completed form to the Plan Administrators office immediately.

Prepared By

Title

Entity Name

Date Prepared  /  /

Dependent's SSN  (only if it is not the Member who's coverage is terminating)

The following information pertains to the individual who's coverage is terminating

Last Name

First Name  Middle Initial

Date of Birth  /  /

Please verify the last known good mailing address for this individual

Address

City, State & Zip

Primary Phone (    )  -

Date event was first reported to the Entity  /  /

Date the event occurred  /  /

Possible COBRA eligibility date (if eligible)  / **01** /

Reason for termination of coverage (Select One)

<span style="color:blue">M</span>	Member Only Options
<span style="color:red">S</span>	Spouse Only Options
<span style="color:green">D</span>	Dependent Only Options

- M  Voluntary Termination of Employment/Resignation
- M  Involuntary Termination of Employment (i.e. Laid Off, Redundancy, Misconduct, Etc.)
- M  Involuntary Termination of Employment following a Reduction in Hours \*(regardless of whether individual elected, chose not to elect at the time of reduction of hours, OR elected but subsequently discontinued COBRA coverage. Please provide date of the reduction of hours in the "Other Remarks" box below.)
- M  Involuntary Termination of Employment (due to Gross Misconduct)
- M  No longer meets eligibility rules (i.e. Reduction of Hours)
- S  Divorce
- S  Legal Separation
- M  FMLA Exhausted
- M  Leave of Absence/Workman's Comp
- M  Retiring
- Death
- D  No longer a legal dependent
- D  Over 26 (& not permanently disabled)

Other Remarks (Optional)

FAX completed forms to: 918.333.5220 Then mail the original to: Notice of Termination  
 OPEH&W Health Plan  
 3851 Tuxedo Blvd., Ste. C  
 Bartlesville, OK 74006

OPEH&W Health Plan Administration Office Use Only

Date Received M M     Y Y Date Processed M M D   C Y  Processed By