

Member Termination Form – All Plans

To be filled out by the Benefits Administrator.

Please fill out completely and submit to CoPower within 15 days of termination. If CoPower does not receive timely termination information, the member will remain on the invoice and the employer is responsible for all premiums and fees due for timeframes outside of this 15 day window.

Note: To terminate dependents *only*, please use the Employee Enrollment/Change forms. Do not use this form.

Group Information		
Company/Group Name:	Group Contact Person:	CoPower ID#:
Contact E-mail:	Contact Phone Number:	Date:

Member Termination Information		
Member Name (last, first):		
Social Security Number:	Last Date of Employment or Last Day of Coverage:	
Mailing Address (Mandatory for Cal-COBRA Groups):		
City:	State:	Zip:

Reason for Termination	
<input type="checkbox"/> Voluntary termination of employment <input type="checkbox"/> Involuntary termination of employment <input type="checkbox"/> Reduction of hours <input type="checkbox"/> Obtained other coverage or covered through spouse <input type="checkbox"/> Leave of absence or medical leave <input type="checkbox"/> Deceased. Provide date of death: _____	<input type="checkbox"/> Expired COBRA coverage <input type="checkbox"/> Enrolled in error <input type="checkbox"/> Gross Misconduct (not COBRA eligible) <input type="checkbox"/> Disenrollment at Open Enrollment Anniversary <input type="checkbox"/> Voluntary termination of coverage (<i>Still with Company</i>) <input type="checkbox"/> Other (please explain below)
Comments (if "Other" please explain):	
Plan coverage to terminate:	
<input type="checkbox"/> CoPower ONE* <input type="checkbox"/> CoPower SUITE* <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Basic Term Life* <input type="checkbox"/> Voluntary Life* <input type="checkbox"/> LTD <input type="checkbox"/> Chiro/Acu	

**Life and AD&D benefits are not COBRA eligible. Employer is responsible for communicating conversion and portability options to the terminated employee, if applicable to your plan. Life and AD&D coverage requires 100% participation for Unum and MetLife plans, and an employee should not be terminated from Life coverage if the employee is currently an active, full-time employee of the group.*

FED COBRA (Mandatory for groups subject to Fed-COBRA only)		
<input type="checkbox"/> Member has elected Fed-COBRA	<input type="checkbox"/> Member has NOT elected Fed-COBRA (member is still in election period or has declined election)	
COBRA Information		
	Determination	Administration
Fed-COBRA	If your company employed 20 or more employees for the majority of the last calendar year.	Benefits must be administered by the employer. If member has declined Fed-COBRA benefits OR you are not yet sure whether they want the benefits, check "Member has not elected Fed-COBRA." Member has 60 days to elect coverage at which time a reinstatement should be faxed to CoPower.
Cal-COBRA	If your company employed 19 or less employees for the majority of the last calendar year.	Benefits will be administered by CoPower if member elects. Please provide us with the member's mailing address and we will mail the necessary paperwork.