EssentialCare®

Termination/Involuntary Loss of Coverage

Mail or fax this form to:
PAI, P.O. Box 6702, Columbia, SC 29260-6702
Fax (803) 870-8060

When Terminating All Benefits:

Company Representative must:

- Complete Sections 1, 2, 3 and sign and date Section 4.
- Submit completed form to PAI within five days of employee termination.

Questions? Call Customer Service (866) 740-4006.

Section 1.

Employee's Name: _____ SSN: _____
Last First Middle

Address: _____
Street City State ZIP

Group Number: _____ Effective Date of Termination: _____
(The effective date of termination is the last day of the pay period for which premiums were deducted.)

Section 2. Reason for Termination (Check one and enter the date requested.)

☐ Termination of Employment
Last Day Worked: _____

☐ Death of Employee
Date of Death: _____

☐ Reduction of hours
Last Day Worked: _____

☐ Loss of Dependent Coverage
Date of Coverage Loss: _____

☐ Divorce/Legal Separation
Date of Divorce/Separation: _____

Section 3. List all family members to be cancelled. (Also add dependent address if not residing with employee.)

Dependent Names (First and Last)	*Address (if not residing with employee)*			
Name	Street	City	State	ZIP
Name	Street	City	State	ZIP
Name	Street	City	State	ZIP
Name	Street	City	State	ZIP

Section 4.

Authorized Company Representative Signature: _____ Date: _____

Please Print Name: _____ Telephone: _____
(Please include area code.)

Section 5.

Employee Signature (if available): _____ Date: _____

BCS
The Medical/Rx, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois.

4 EVER
The Term Life/Accidental Death, and Short-Term Disability plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois.

pai
Esential StaffCARE plans administered by Planned Administrators Inc., P.O. Box 6702 Columbia, South Carolina 29260

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