



## 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 (888) 583-3057.

### 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.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Termination of Employment<br>Last Day Worked: _____        | <input type="checkbox"/> Death of Employee<br>Date of Death: _____                     | <input type="checkbox"/> Reduction of hours<br>Last Day Worked: _____ |
| <input type="checkbox"/> Loss of Dependent Coverage<br>Date of Coverage Loss: _____ | <input type="checkbox"/> Divorce/Legal Separation<br>Date of Divorce/Separation: _____ |   |

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

<i>Dependent Names (First and Last)</i>	<i>Address (if not residing with employee)</i>
_____	Street City State ZIP
_____	Street City State ZIP
_____	Street City State ZIP
_____	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: \_\_\_\_\_



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



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



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