



# 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) 798-0803.

## 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       Death of Employee       Reduction of hours  
 Last Day Worked: \_\_\_\_\_      Date of Death: \_\_\_\_\_      Last Day Worked: \_\_\_\_\_
- Loss of Dependent Coverage       Divorce/Legal Separation  
 Date of Coverage Loss: \_\_\_\_\_      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: \_\_\_\_\_

**Questions?** Call Medical StaffCARE's toll-free Customer Service Line, 1-866-798-0803, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A language line is available for translation for most languages.



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