

EMPLOYEE TERMINATION

Date:										
Group Number:	Group Name	e:								
									COBRA	
EMPLOYEE	SOCIAL SECURITY NUMBER	REASON FOR TERMINATION: (V) Voluntarily OR (I) Involuntarily	BEGINNING LEAVE OF	*COVERAGE TERMINATED FOR LAYOFF OR LOA	LAST DAY WORKED IF ON TOTAL DISABILITY	*COVERAGE TERMINATED FOR TOTAL DISABILITY	LAST DAY WORKED IF TERMINATED	*DATE COVERAGE TERMINATED	YES (COBRA ELECTION MUST BE ATTACHED	NO
Sally Sample	XXX-XX-XXXX	V					02-28-19	02-28-19		X
Additional Comments:	•	•				•				

* Refer to Plan Document Revised March 2019