



Fax to: 814-459-2250
 Benefit Administrators, Inc.
 E-mail to: bai.enrollment@hubinternational.com
 Attn: Enrollment Department - Eligibility Changes

From: _____

Date: _____

Company Name: _____

Check Current Coverages at time of term

| Employee Name | ID Number | Current Address | Dependent Names | Check this box if only dependent termed | Term Reason | Actual Term Date | Ins. Term Date | Med RX | Den | Vis |
|---------------|-----------|-----------------|-----------------|---|-------------|------------------|----------------|--------|-----|-----|
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Comments:

Term Reasons = Resigned, Deceased, Retired, Dismissed, Divorced, Ineligible Dependent, Lay Off

*Actual Term Date = Date employment ceased
 Insurance Term Date = Date insurance coverage is to cease