TERMINATION REPORT

Using this form for Enrollments and Changes will delay the processing. *Terminations submitted on this report must be received by the 1st of the month or they may not be reflected until your next invoice.* Employers may complete this form to cancel their employees from Coverage. **All other changes (i.e. adding or dropping a dependent) must be submitted via an Enrollment Form.** For more timely termination credits on your invoice, please fax this report to the Eligibility Department @ 1-717-526-2920.

Group Number: _____ **Today's Date:** _____
Company Name: _____ **Invoice Period:** _____
Address: _____ **Contact Name:** _____
_____ **Telephone Number:** _____

Social Security Number	Employee's Name Last, First, Middle Initial	Term Code*	Last day of employment	Last day of coverage

Reasons for Termination *

1. *Employment Terminated*
2. *Moved Out of Area*
3. *Loss of Eligibility*
4. *Non-Payment of Premium*
5. *Other Coverage*
6. *Deceased*