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Form #OUSD-4510E-9/17

TERMINATION

Print Form

Use only when all coverage, or any part of existing coverage, is to be terminated.

ENROLLEE'S SCHOOL DISTRICT: [ ]

TYPE: Last Name [ ] First Name [ ] Initial [ ] SSN [ ]

CHECK THE APPROPRIATE SECTION — ENTER THE EFFECTIVE DATE

Section 1 ☐

TERMINATION OF COVERAGE

(Use Only When ALL Coverage is to Terminate.)

☐ Employment Termination Due to Gross Misconduct. Effective Date [ ]

☐ Coverage Termination Reason: [ ] Effective Date [ ]

Section 2 ☐

DELETION OF COVERAGE

(Use Only to Terminate a Portion of Existing Coverage.)

☐ Delete Family Coverage; Change to Individual Reason: [ ] Effective Date [ ]

☐ Delete one or more dependents. Furnish complete information on EACH dependent to be deleted. Indicate relationships as son, daughter, or other. *(If other, detail in remarks.)* Effective Date [ ]

		First Name	M	Last Name (If different)	Sex	Date of Birth (M M D D Y Y)	Effective Date
1.	Spouse ☐ Male ☐ Female				☐ M ☐ F		
2.	Dependent [ ]				☐ M ☐ F		
3.	Dependent [ ]				☐ M ☐ F		
4.	Dependent [ ]				☐ M ☐ F		

Remarks: *(Refer to Persons 1-4 above.)* [ ]

Reason for Deletion. *(Refer to Persons 1-4 above.)*

1. [ ] 2. [ ] 3. [ ] 4. [ ]

Section 3 ☐

MISCELLANEOUS

Detail any termination/deletion not covered by this form, or use this area to clarify any of the above changed information.

[ ]

AUTHORIZATION/CERTIFICATION

I authorize the above coverage terminations or deletions and understand that any resulting plan or coverage changes will be in effect until revoked or changed by me in writing. I certify that the information completed above is true and accurate, knowing that falsified or fraudulent information is punishable by law.

Enrollee's Signature: ______________________ Date [ ]

LOCAL ADMINISTRATORS - (MUST BE COMPLETED)

A. Is the reason for termination/deletion a COBRA qualifying event? ☐ Yes ☐ No

B. If "Yes" to (A), address where extension notice is to be mailed *(refer to persons (1) through (4) listed in Section 2):*

Dependent # [ ] Street Address [ ] City [ ] State [ ] Zip Code [ ]

Print Name [ ] Signature [ ] Current Date [ ]