



721 South Parker, Suite 200, Orange, CA 92868
 Phone: (866) 412-9279 • Fax (866) 412-9280
 www.choicebuilder.com

Employee Termination Notification Form

For Termination of Employment, Reduction of Hours, Loss of Life

E-mail completed form to memberprocessing@choicebuilder.com or Fax to: (866) 412-9280
PLEASE DO NOT ALTER THIS FORM AS THIS WILL DELAY PROCESSING.

Company Name <input style="width: 95%; height: 20px;" type="text"/>	Group # <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">B</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>	B					
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Complete this form when there is a termination of employment, reduction of hours or loss of life. Coverage will end on the last day of the month following each event. Should the event occur on the last day of the month, coverage will terminate same day.*

1	
Employee Last Name <input style="width: 95%; height: 20px;" type="text"/>	Employee First Name <input style="width: 95%; height: 20px;" type="text"/>
Employee Social Security # <input style="width: 95%; height: 20px;" type="text"/>	*Last Day Employed or Eligible (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
Reason:	
<input type="checkbox"/> Resignation of employment	<input type="checkbox"/> Hours reduced - no longer eligible
<input type="checkbox"/> Involuntary employment termination**	<input type="checkbox"/> Deceased***

2	
Employee Last Name <input style="width: 95%; height: 20px;" type="text"/>	Employee First Name <input style="width: 95%; height: 20px;" type="text"/>
Employee Social Security # <input style="width: 95%; height: 20px;" type="text"/>	*Last Day Employed or Eligible (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
Reason:	
<input type="checkbox"/> Resignation of employment	<input type="checkbox"/> Hours reduced - no longer eligible
<input type="checkbox"/> Involuntary employment termination**	<input type="checkbox"/> Deceased***

3	
Employee Last Name <input style="width: 95%; height: 20px;" type="text"/>	Employee First Name <input style="width: 95%; height: 20px;" type="text"/>
Employee Social Security # <input style="width: 95%; height: 20px;" type="text"/>	*Last Day Employed or Eligible (MM/DD/YYYY) <input style="width: 95%; height: 20px;" type="text"/>
Reason:	
<input type="checkbox"/> Resignation of employment	<input type="checkbox"/> Hours reduced - no longer eligible
<input type="checkbox"/> Involuntary employment termination**	<input type="checkbox"/> Deceased***

**Involuntary termination of employment includes but is not limited to layoffs, job elimination and termination for cause.
 *** If your group offers Life coverage you will also need to submit either the Assurity Life, AD&D and Waiver of Premium Claim Information (Form 01-878-01114) or MetLife Life Claim Form.

Form **MUST** be signed and dated by an authorized group contact on file with ChoiceBuilder® in order for the termination request to be processed.

If your company offers Life Insurance through ChoiceBuilder, it is your responsibility to notify terminated employees of their conversion rights. The life conversion information is available at www.choicebuilder.com

Authorized Group Contact Signature	Print Name	Today's Date (MM/DD/YYYY)
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General Guidelines

- Please do not send a cancellation request prior to the actual last day of employment or eligibility.
- Coverage will cease at the end of the month following the last day of employment or eligibility. In some cases, termination of employment and termination of coverage will be the same day.
- Written notification must be received within 30 days of the event.
- ChoiceBuilder will only give retroactive credit if notification was received within the guidelines provided.
- Voluntary termination of coverage for employees and/or dependents must be submitted on a change request form. (Coverage will cease at the end of the month following receipt of a completed form. If received on the last day of the month, coverage will end same day.)
- Dependent qualifying/triggering events should be submitted on a dependent qualifying event form. (Coverage will cease at the end of the month following the event provided written notification is given within 60 days of the qualifying/triggering event.)

This document should be emailed or faxed to ChoiceBuilder for immediate attention

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 Choice Builder Insurance Services
 CDI Entity License #0N14196