



Termination Form

Form must be completed entirely for all terminations including life only.

Please submit via secure email to Illinois School Insurance Network

mwil.isinadministration@marshmma.com

Employee Information

District Name: <u>Richland School District 88a</u>	Social Security #: <u> — — </u>
Employee Name: _____	Date of Birth: <u> / / </u>
Address: _____	Telephone #: <u> — — </u>
City, State, Zip: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Event Date: _____	/ /
<small>NOTE: Coverage will terminate at the end of the month in which the termination event occurs.</small>	

Reason for Termination:	<input type="checkbox"/> Left Employment	<input type="checkbox"/> Death
	<input type="checkbox"/> Involuntary Termination	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Ineligible child
	<input type="checkbox"/> Eligible for Other Coverage	<input type="checkbox"/> Other Describe: _____

List Individuals Terming from Coverage (include employee if terming)

Name	Social Security #	Birth Date	Gender	Relationship
	— —	/ /		
	— —	/ /		
	— —	/ /		
	— —	/ /		
	— —	/ /		
	— —	/ /		

Current Benefits - Terminate Coverage for:

Plan	Coverage	Plan	Notes
Medical Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> B14370 HMO BA Plan 2	
	<input type="checkbox"/> Empl + 1	<input type="checkbox"/> B01776 HMO BA Plan 4	
	<input type="checkbox"/> Family	<input type="checkbox"/> 165611 PPO	
		<input type="checkbox"/> No coverage	
Dental Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> 270728 DPPO 1000	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> 270729 DPPO 1500	
	<input type="checkbox"/> Family	<input type="checkbox"/> No coverage	
Vision Insurance VSP	<input type="checkbox"/> Single	<input type="checkbox"/> 12019596 Vision Plan 130	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> No coverage	
	<input type="checkbox"/> Family		
Terminate Life Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Completed by: _____

Date: _____ / _____ / _____