## ADA/COBRA ADMINISTRATION TERMINATION REQUEST FORM *Note:* If terminating BCN coverage, a BCN termination form must accompany this document.

Insurance Carrier  Health  Prescr  Dental	Group Number	P			a: 1	a Dargan Data
Prescr Dental			remium	: at Termination	Singl	e Person Rate
Dental	•		\$	/month	\$	/month
			\$	/month	\$	/month
V			\$	/month	\$	/month
Vision			\$	/month	\$	/month
Other			\$	/month	\$	/month
Employee Name			E: (3)			
Last Name Address			First Na	ıme		MI
Street					P.O. Box	x/Apt. #
67		7. 0.1		Phone (	)	-
City	State	Zip Code	e		/	/
Date of Birth	Social Security	Number			Hire I	Date
☐ Involuntary Termination ☐ Mo ☐ Layoff ☐ De ☐ Reduced Hours ☐ Dir	etirement edicare Entitlement eath vorce/Separation		haustior Absence	1		
□ Voluntary Termination       □ Re         □ Involuntary Termination       □ Me         □ Layoff       □ De	edicare Entitlement eath vorce/Separation	☐ FMLA Ex☐ Leave of A☐ Other☐	haustion Absence verage	e Date	/ /	
□ Voluntary Termination       □ Re         □ Involuntary Termination       □ Mo         □ Layoff       □ De         □ Reduced Hours       □ Dir    Qualifying Event Occurred	edicare Entitlement eath vorce/Separation  / ent been determined dis	☐ FMLA Ex☐ Leave of A☐ Other ☐ Coss of Cosabled by the So	haustion Absence verage	e <b>Date</b>	/ / ration?	□Yes □No
□ Voluntary Termination  □ Re     □ Involuntary Termination  □ Mo     □ Layoff  □ De     □ Reduced Hours  □ Dir   Qualifying Event Occurred  Has this employee or any qualified dependents covered at Qualifying Event	edicare Entitlement eath vorce/Separation  / ent been determined dis	☐ FMLA Ex ☐ Leave of A ☐ Other ☐ Loss of Co sabled by the So ependents, use a	haustion Absence verage	e Dateeurity Administ	${}$ ration?	□Yes □No
□ Voluntary Termination □ Re   □ Involuntary Termination □ Mode   □ Layoff □ De   □ Reduced Hours □ Director    Qualifying Event Occurred Has this employee or any qualified dependents covered at Qualifying Event Name Relation Relation (Husban)	edicare Entitlement eath vorce/Separation  / / ent been determined dis  (If more than four details) ationship (circle one) nd/Wife/Son/Daughter)	FMLA Ex Leave of A Other Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	${}$ ration?	□Yes □No
□ Voluntary Termination □ Re   □ Involuntary Termination □ Mode   □ Layoff □ De   □ Reduced Hours □ Director      Qualifying Event Occurred	edicare Entitlement eath vorce/Separation  / ent been determined dis  (If more than four determined circle one) nd/Wife/Son/Daughter) nd/Wife/Son/Daughter)	FMLA Ex Leave of A Other Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	${}$ ration?	□Yes □No
□ Voluntary Termination □ Re   □ Involuntary Termination □ Me   □ Layoff □ De   □ Reduced Hours □ Dir      Qualifying Event Occurred	edicare Entitlement eath vorce/Separation  / ent been determined dis  (If more than four detionship (circle one) nd/Wife/Son/Daughter) nd/Wife/Son/Daughter) nd/Wife/Son/Daughter)	FMLA Ex Leave of A Other Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	ration?  k here  al Security  -	□Yes □No
□ Voluntary Termination □ Re   □ Involuntary Termination □ Me   □ Layoff □ De   □ Reduced Hours □ Dir    Qualifying Event Occurred  Has this employee or any qualified dependents covered at Qualifying Event  Name  Rela  (Husba  (Husba  (Husba  (Husba)	edicare Entitlement eath vorce/Separation  / ent been determined dis  (If more than four determined circle one) nd/Wife/Son/Daughter) nd/Wife/Son/Daughter)	FMLA Ex Leave of A Other Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	ration?  k here  al Security  -	Yes No  No  No  Yes No  Yes
□ Voluntary Termination □ Re   □ Involuntary Termination □ Mo   □ Layoff □ De   □ Reduced Hours □ Di       Qualifying Event Occurred  Has this employee or any qualified dependence  Dependents covered at Qualifying Event  Name  Rela  (Husba  (Husba  (Husba  (Husba)	edicare Entitlement eath vorce/Separation  / ent been determined dis  (If more than four detailed and detaile	FMLA Ex Leave of A Other Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	ration?  k here  al Security  -	Yes No  No  No  Yes No  Yes
□ Voluntary Termination □ Re   □ Involuntary Termination □ Mode   □ Layoff □ De   □ Reduced Hours □ Dir      Qualifying Event Occurred  Has this employee or any qualified dependents covered at Qualifying Event  Name  Rela  (Husba  (Husba  (Husba  (Husba  (Husba  (Husba)  (Husba)	edicare Entitlement eath vorce/Separation  / ent been determined dis  (If more than four determined) ationship (circle one) and/Wife/Son/Daughter) and/Wife/Son/Daughter) and/Wife/Son/Daughter) and/Wife/Son/Daughter) and/Wife/Son/Daughter) and/Wife/Son/Daughter) and/Wife/Son/Daughter)	FMLA Ex Leave of A Other  Loss of Co sabled by the So ependents, use a Date o	veragocial Secondary of Birth	e Date curity Administration of the control o	ration?  k here  al Security  -	Yes No  No  No  Yes No  Yes
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**ADA COBRA Administration Service**