



Termination of Benefits or Employment

This letter is to request the termination of insurance or employment for the following employee.

If the employee is receiving health insurance through his/her spouse and wishes to continue life and long-term disability benefits, please complete the Waiver of Health Insurance form.

Name

Social Security Number

Effective date of change

Note: Employees are eligible for benefits through the end of the month of their termination of employment, unless a severance package is offered to extend benefits.

Reason for Termination: (check one)

Employee and/or employer elected alternate insurance coverage

Note: A two-year waiting period prevents individuals from re-enrolling once coverage is cancelled due to financial reasons, such as electing alternate insurance coverage.

Hours worked per week reduced below required limits

Termination of Employment (please complete the following)

Is extended health insurance included as part of a severance package? No Yes, until

Note: When offering benefits in a severance package, life and long-term disability benefits are not available.

As far as you are aware, has the employee accepted another position within the Evangelical Covenant Church?

Check one: No Yes

Employee's mailing address (for Cobra purposes)

Phone

Email

Treasurer/Business
Manager Signature

Return completed form to Bethany Benefit Service

Mail: P.O. Box 316560; Chicago, IL 60631-6560

Fax: (773) 784-2249

Email: bethany@covchurch.org