Bethany Benefit Service

Providing church-worker benefit billing for the churches and institutions of the Evangelical Covenant Church.

Termination of Benefits or Employment

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

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)

Check one: ◯ Voluntary termination ◯ Involuntary termination

This information is required by law for Cobra purposes.

Severance package offered? ◯ No ◯ Yes, offered 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