



Termination Form

www.hcgaz.com • 602.417.6755 • 800.247.2289 (outside Maricopa County)
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A State-Sponsored Health Plan

Type: <input type="checkbox"/> Business/Group <input type="checkbox"/> Employee <input type="checkbox"/> Dependent	Reason: <input type="checkbox"/> Do Not Wish to Renew <input type="checkbox"/> Business Moved Out of State <input type="checkbox"/> Going out of Business/Sold Business <input type="checkbox"/> Employment Termination <input type="checkbox"/> No Longer Self Employed <input type="checkbox"/> Reduction of Hours (fewer than 20 hrs per week) <input type="checkbox"/> Dependent Hired as an Employee <input type="checkbox"/> Divorce from the Subscriber <input type="checkbox"/> Adult Dependent Turned 26 Years Old <input type="checkbox"/> Death of the Subscriber <input type="checkbox"/> Enrollment in Medicaid/Medicare <input type="checkbox"/> Other _____	Requested Date of Term: <i>Date must be last day of current month or last day of future month.</i>	Today's Date:
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SECTION A

Business Name _____ DBA Name _____

HCG Group Number _____ Business Owner Name _____ 2nd Authorized Contact _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Business Physical Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail Address _____

SECTION B Employee Dependent(s) Only

Employee/Dependent Name _____ Member ID _____

Additional Dependent Name _____ Additional Dependent Name _____

Additional Dependent Name _____ Additional Dependent Name _____

Home Phone Number _____ Work Phone Number _____

Employee Home Address _____ City _____

County _____ State _____ Zip Code _____ E-mail Address _____

SECTION C Instructions

How to Terminate a Member: The Employee can only terminate mid-contract year if a qualifying event has occurred. The Employer shall notify HCGA in writing, provide the required forms and submit proof of meeting the qualifying event above following the timelines outlined below. No voluntary termination is allowed during the Group's contract year.

Timelines: The Employees' coverage will be terminated effective 11:59 pm on the last day of the month in which the Employer provides written notice via this form of employee termination to HCG. If termination notice is received after the month of Employee termination, the enrollment will not be retroactively terminated; it will terminate the last day of the month in which written notification is received. Premium for the Employee continues to be owed until the last day of the month in which written notification is received.

How to Terminate a Group: The Employer Group can only terminate mid-contract year if a qualifying event has occurred. The Employer Group shall notify HCGA in writing, provide the required forms and submit proof of meeting the qualifying event above following the timelines outlined below. No voluntary termination is allowed during the Group's contract year.

Timelines: The Group may terminate its coverage for a qualifying event following the receipt of a thirty (30) day written notification via this form to HCGA. The termination of coverage will be effective at 11:59 on the last day of the month following the thirty (30) day notification.

Employee Signature (also required for dependents) _____ **Date** _____
(not required for group termination or if employment has been terminated)

Employer/Authorized Contact Signature _____ **Date** _____