



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>Gower School District 62</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:	<u> / / </u>
<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 Terminating from Coverage (include employee if terming)

Name	Social Security #	Birth	Gender	Relationship
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		
	- -	/ /		

Current Benefits - Terminate Coverage for:

Plan	Coverage	Plan	Notes
Medical Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> B03881 HMO BA Plan 2	
	<input type="checkbox"/> Empl + 1	<input type="checkbox"/> B14331 HMO BA Plan 3	
	<input type="checkbox"/> Family	<input type="checkbox"/> B01776 HMO BA Plan 4	
		<input type="checkbox"/> 165625 PPO	
		<input type="checkbox"/> 165611 PPO	
		<input type="checkbox"/> 165602 HDHP	
		<input type="checkbox"/> No coverage	
	Dental Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> 270729 DPPO 1500
<input type="checkbox"/> Empl +1		<input type="checkbox"/> No coverage	
<input type="checkbox"/> Family			
Vision Insurance VSP	<input type="checkbox"/> Single	<input type="checkbox"/> 12019596 Vision Plan 175	
	<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: / /