



NOTICE OF EMPLOYEE TERMINATION

Use this form only to notify Willis of a complete termination of coverage due to end of employment or an employee otherwise becoming ineligible. All other changes, including termination of coverage for spouses or other dependents must be submitted on a CEBT Enrollment / Change Card. Terminations can be processed back to the beginning of the current billing period only. To best avoid having to pay for coverage beyond the time of active eligibility, Willis recommends submitting this notice immediately upon termination. Please ensure that the appropriate notices regarding rights to continue coverage under COBRA are sent promptly. If enrollment under COBRA is elected and the premium deposit is made within the permitted timeframe, the premium deposit will be collected back to the date coverage was lost and the employee will be reinstated with no break in coverage. Send the completed form (email, fax or regular mail) directly to your Membership and Premium Accounting Representative or fax to 303-773-1685.

Employer name & branch number _____

Date submitted _____

Employee name _____

Social security number (required) _____

Coverage termination date _____

Submitted by _____

For Willis use only

DATE RECEIVED _____

TERMINATION DATE _____

DATE PROCESSED _____

COMPLETED BY _____