

MEMPHIS Plan
Participant Termination Notice
(This form MUST be used to terminate an Employee)

Today's Date: _____

Termination of: (Circle One) **Employee** **Dependent** **Both**

Name of Employer: _____

Employer Group Number: _____

Participant Name: _____

Participant Social Security #: _____

Dependent Coverage? (circle one) **Yes** **No**
Dependent Names: _____

Termination Reason: (circle one)

- Employee resignation
- Employee dismissal by employer
- Cost of plan
- Obtained other insurance
- Obtained TennCare coverage
- Pregnancy
- Salary exceeds income limits
- Works less than 20 hours/week
- Death
- Workforce Reduction
- Other _____

Employer Signature: _____

- ***THIS FORM MUST BE USED TO TERMINATE AN EMPLOYEE. DO NOT WRITE ON INVOICES.***
 - **TERMINATIONS CANNOT BE CALLED IN, YOU MUST FAX OR MAIL THIS SIGNED FORM to the MEMPHIS Plan office. (Fax: (901)278-6622 or Mail to: MEMPHIS Plan, 321 S. Bellevue, Memphis TN 38104).**
 - An employee's coverage terminates the last day of *the month this form arrives in the MEMPHIS Plan office*; ***NOT THE DATE THE EMPLOYEE WAS TERMINATED.***
 - The employer is responsible for the bills related to AN EMPLOYEE ***until*** THIS FORM ARRIVES IN the **MEMPHIS Plan office**.
 - This form **must be received by the last day of the month** in order for it to be processed on your next invoice.
 - When an employee's coverage is terminated, coverage for any dependents is automatically terminated.
- Fax to the MEMPHIS Plan office: (901) 278-6622**
Mail to the MEMPHIS Plan office: 321 S. Bellevue
Memphis, TN 38104