

Employee Termination Form

To be filled out by the Benefits Administrator - (CoPower *ONE*, CoPower *SUITE*, and CoPower *OPTIONS*)

Please fill out completely and submit to CoPower within 14 days of termination. If CoPower does not receive timely termination information, the employer is responsible for all premiums and fees due for timeframes outside of this 14 day window.

Employer Information		
Company/Group Name:	Group Contact Person:	CoPower ID#:
Contact E-mail:	Contact Phone Number:	Date:

Employee Termination Information		
Employee Name (last, first):		
Social Security Number:	Qualifying Event Date/Last Date of Employment:	
Mailing Address (Mandatory for Cal-COBRA Groups):		
City:	State:	Zip:

Reason for Termination	
<input type="checkbox"/> Voluntary termination of employment <input type="checkbox"/> Obtained other coverage or covered through spouse <input type="checkbox"/> Voluntary termination of coverage <input type="checkbox"/> Involuntary termination of employment <input type="checkbox"/> Reduction of hours <input type="checkbox"/> Leave of absence or medical leave <input type="checkbox"/> Divorce	<input type="checkbox"/> Deceased (provide date of death) <input type="checkbox"/> Expired COBRA coverage <input type="checkbox"/> Enrolled in error <input type="checkbox"/> Gross Misconduct (not COBRA eligible) <input type="checkbox"/> Group Open Enrollment <input type="checkbox"/> Other (please explain below)
Comments (if "Other" please explain):	
Plan coverage to terminate: <input type="checkbox"/> CoPower <i>ONE</i> * <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Basic Term Life and AD&D* <input type="checkbox"/> Voluntary Life and AD&D*	

**Life and AD&D benefits are not COBRA eligible. Employer is responsible for communicating conversion and portability options to the terminated employee, if applicable to your plan.*

Life and AD&D coverage requires 100% participation for Unum and MetLife plans and employee should not be terminated from Life coverage if the employee is currently an active full time employee of the group.

FED COBRA (Mandatory for groups subject to Fed-COBRA only)	
<input type="checkbox"/> Employee has elected Fed-COBRA	<input type="checkbox"/> Employee has NOT elected Fed-COBRA (employee is still in election period or has declined election)

COBRA INFORMATION		
	Determination	Administration
Fed-COBRA	If your company employed 20 or more employees for the majority of the last calendar year.	Benefits must be administered by the employer. If employee has declined Fed-COBRA benefits OR you are not yet sure whether they want the benefits, check "Employee has not elected Fed-COBRA." Employee has 60 days to elect coverage at which time a reinstatement should be faxed to CoPower.
Cal-COBRA	If your company employed 19 or less employees for the majority of the last calendar year.	Benefits will be administered by CoPower if employee elects. Please provide us with the employee's mailing address and we will mail the necessary paperwork.