



1 Cameron Hill Circle
Chattanooga, TN 37402-0001
bcbst.com

TERMINATION

PLEASE USE BLUE OR BLACK INK ONLY

Plan Use Only
Rec: Medical

TRM-09

- CONFIDENTIAL -

By submission of this form, the group certifies that, if any termination of coverage date supplied will result in a retroactive termination, such termination is in compliance with the Patient Protection and Affordable Care Act.

INSTRUCTIONS: Complete Section: 1 to terminate Employee/Elect Continuation Coverage
1 to terminate Employee and all Dependents/Elect Continuation Coverage for Employee and all Dependents
1 & 2 to terminate Employee/Elect Continuation Coverage for Some Dependents
2 to terminate Specific Dependents/Elect Continuation Coverage

If you purchased COBRA Administration from BlueCross BlueShield of Tennessee, do not complete this form. Instead, complete the COBRA Coverage Continuation Notice (CCN) online at bcbst.com.
If Employee elects COBRA/State Continuation at a later date, fill out Employee Enrollment/Waiver Form.

GROUP NO. 1|2|0|1|5|6 GROUP NAME Tusculum College BLUECROSS BLUESHIELD OF TN BILLING ASSOCIATE

Section 1 - Employee Termination

EMPLOYEE LAST NAME EMPLOYEE FIRST NAME MI IDENTIFICATION NO. TERMINATION DATE OF COVERAGE 03/31/2014

COVERAGE TO TERMINATE: MEDICAL

REASON: TERMINATION OF EMPLOYMENT REDUCTION IN HOURS NO LONGER ELIGIBLE EMPLOYEE DEATH MEDICARE ELIGIBLE OTHER OPEN ENROLLMENT QUALIFYING EVENT DATE 03/31/2014



It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Completed by: Phone Number: Date: / /

A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.

