



TERMINATION

Plan Use Only
Rec:

TRM-15

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.	GROUP NAME	BLUECROSS BLUESHIELD OF TN BILLING ASSOCIATE
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		

Section 1 - Employee Termination

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	IDENTIFICATION NO.	TERMINATION DATE OF COVERAGE

COVERAGE TO TERMINATE: ☐ MEDICAL ☐ DENTAL ☐ VISION ☐ LIFE ☐ HEALTH CARE FSA ☐ DEPENDENT CARE FSA

REASON: ☐ TERMINATION OF EMPLOYMENT ☐ REDUCTION IN HOURS ☐ NO LONGER ELIGIBLE EMPLOYEE ☐ DEATH ☐ MEDICARE ELIGIBLE ☐ OTHER

STATE CONTINUATION OF COVERAGE (Groups under 20)			COBRA COVERAGE (Groups of 20 or more)			COBRA SUBGROUP			DEPARTMENT NO.			QUALIFYING EVENT DATE		
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION									

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	IDENTIFICATION NO.	TERMINATION DATE OF COVERAGE

~~COVERAGE TO TERMINATE: ☒ MEDICAL ☒ DENTAL ☒ VISION ☒ LIFE ☒ HEALTH CARE FSA ☒ DEPENDENT CARE FSA~~

REASON: ☒ TERMINATION OF EMPLOYMENT ☒ REDUCTION IN HOURS ☒ NO LONGER ELIGIBLE EMPLOYEE ☒ DEATH ☒ MEDICARE ELIGIBLE ☒ OTHER

STATE CONTINUATION OF COVERAGE (Groups under 20)			COBRA COVERAGE (Groups of 20 or more)			COBRA SUBGROUP			DEPARTMENT NO.			QUALIFYING EVENT DATE				
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION											

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	IDENTIFICATION NO.	TERMINATION DATE OF COVERAGE

COVERAGE TO TERMINATE: ☐ MEDICAL ☐ DENTAL ☐ VISION ☐ LIFE ☐ HEALTH CARE FSA ☐ DEPENDENT CARE FSA

REASON: ☒ TERMINATION OF EMPLOYMENT ☒ REDUCTION IN HOURS ☒ NO LONGER ELIGIBLE EMPLOYEE ☒ DEATH ☒ MEDICARE ELIGIBLE ☒ OTHER

STATE CONTINUATION OF COVERAGE (Groups under 20)			GOBRA COVERAGE (Groups of 20 or more)			GOBRA SUBGROUP	DEPARTMENT NO.	QUALIFYING EVENT DATE
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION			

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	IDENTIFICATION NO.	TERMINATION DATE OF COVERAGE

COVERAGE TO TERMINATE: ☒ MEDICAL ☒ DENTAL ☒ VISION ☒ LIFE ☒ HEALTH CARE FSA ☒ DEPENDENT CARE FSA

REASON: ☐ TERMINATION OF EMPLOYMENT ☐ REDUCTION IN HOURS ☐ NO LONGER ELIGIBLE EMPLOYEE ☐ DEATH ☐ MEDICARE ELIGIBLE ☐ OTHER

STATE CONTINUATION OF COVERAGE (Groups under 20)			COBRA COVERAGE (Groups of 20 or more)			COBRA SUBGROUP			DEPARTMENT NO.			QUALIFYING EVENT DATE		
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION									

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.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association ®Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans
APP-TRM (6/15)

