TERMINATION NOTICE

To avoid inappropriate claim payments and to assure premium credit, it is critical to notify the Enrollment Administrator as soon as possible when coverage is being terminated for a participant. Submit this form as soon as you are aware of the cancellation. Contractually, retroactive premium adjustments are limited to three months.

Please complete all information requested on this form.

Use this form to report at termination for type of coverage only. DO NOT use this form to report termination of dependent coverage. Report a cancellation of dependent coverage on a *Change Notice.* (Remember, whenever coverage is being terminated on an employee who is still eligible for coverage under the regular contract (not continuation) provisions, also have the employee complete and sign a *Waiver of Coverage Form.*)

If you are billed for terminated coverage on a premium statement after you have sent this Notice, please cross the individual's affected coverage(s) off the copy of the premium statement you return indicating the termination date. Please pay as billed, adjustments will be made on the next billing cycle.

PARTICIPANT NAME	ID NUMBER	COVERAGE(S) TERMINATED*	LAST DAY WORKED	DATE TERMED	REASON**

* Coverage(s) being terminated:

- Medical - (M)
- Dental - (D)
- Vision - (V)
- Life & AD&D - (L)
- Disability - (LTD/STD)
- All - (All)

** Reasons for Termination:

- Employee Request (need waiver) – 1
- Left Bank Employment – 2
- Death – 3
- Military Service – 4
- Cancel Never Effective – 5
- Reduction of Hours – 6

If the Participant is electing to continue benefits in accord with either the State of Wisconsin or federal COBRA provisions, please forward a copy of their completed Election form to the Trust.

Bank Name, City: ____

Telephone Number: __________________________________ Section No:__________________

Benefits Officer Signature: _____________________________ Date: _______________________

Print Name & Title: ____

PLEASE RETURN THIS COMPLETED FORM TO:

WBA Insurance Trust
PO Box 7697
Madison, WI 53707-7697
Fax: (608) 441-7044