



# REPORT OF TERMINATIONS

**SEE INSTRUCTIONS ON REVERSE SIDE**

DISTRICT NAME	ACCOUNT #	DATE OF THIS REPORT		
EMPLOYEE NAME <i>Please print</i>	SOCIAL SECURITY NO.	LAST DAY OF COVERAGE	TERMINATION TYPE CODE*	TYPE OF INSURANCE COVERAGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**This form may not be used to cancel benefits for a partial or total group.  
Please contact your Employee Benefits Account Executive at (800) 292-5421.**

**Remarks/Explanations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*TERMINATION TYPE CODE:**

- 1 = Termination of Employment
- 2 = Termination – Added to Spouse’s Coverage
- 3 = Layoff or Leave of Absence
- 4 = Cancel Coverage - Requested by employee, still employed
- 5 = Deceased
- 6 = Termination of COBRA
- 7 = Other (Explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM SUBMISSION OPTIONS**

**MAIL TO:**  
 SET SEG, Attn: CLAIMS & ENROLLMENT  
 415 W. Kalamazoo Street, Lansing, MI 48933-2079

**EMAIL TO:**  
 enrollment@setseg.org

**FAX TO:**  
 (517) 492-0872

**REPORTED BY**

SIGNATURE

*Signed form must be received within 30 days of requested effective date.*

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## INSTRUCTIONS

Use this form when you have terminations to report. We encourage prompt reporting of such changes. This will allow us to provide you with a more accurate contribution statement.

The changes listed on this report will appear on your next contribution statement as soon as this report is processed.

### **TERMINATIONS:**

Use this section to promptly report all terminations from your account. Use the proper type code (1 through 7) to indicate the reason for termination.

- 1 = Termination of Employment
- 2 = Termination – Added to Spouse’s Coverage
- 3 = Layoff or Leave of Absence
- 4 = Cancel Coverage – Requested by employee, still employed
- 5 = Deceased
- 6 = Termination of COBRA
- 7 = Other – Please Explain

Use the remarks section for comments or information not provided by the type code.