



Corporate Office
135 Wood Road
Braintree, MA 02184
781.848.4950

Termination Request

In order to process your termination request you must complete the information below:

Company Name			
Account #		Phone	

Company Termination

Date of Termination	
Carrier/Plan Name	
Reason for Termination Check all that apply	<ul style="list-style-type: none"><input type="checkbox"/> New carrier, please specify: _____<input type="checkbox"/> Closing business<input type="checkbox"/> Moving out of area<input type="checkbox"/> Medicare<input type="checkbox"/> Can't afford<input type="checkbox"/> New coverage through spouse or new job<input type="checkbox"/> Other _____

Employee Termination

Employee Name	
Date of Termination	
Carrier/Plan Name	
Reason for Termination Check one	<ul style="list-style-type: none"><input type="checkbox"/> No longer employed<input type="checkbox"/> Employee now covered by spouse<input type="checkbox"/> Employee no longer eligible (full-time to part-time)<input type="checkbox"/> Other _____

Please Sign and Date:
Authorized Company Rep _____ Title _____ Date _____