MEMORIAL HERMANN
Health Plan

TERMINATION FORM FOR GROUP USE ONLY

- For Employee terminations submitted by United States mail, the following will apply:
  - <u>Terminations:</u> Terminations will be processed according to the date this form is received by Memorial Hermann Health Plan and Memorial Hermann Health Insurance Company and **_not_** according to the postmarked date of the correspondence.

Note: Reporting all terminations as they occur will ensure timely processing.

- Upon completion of this form, please submit to: MHHPGroupMaintenance@memorialhermann.org

Group Name: _____

Group Number*: _____

Your Group Number can be located on your monthly billed Group Invoice.

Subscriber Number	Name of Participant(s) affected by change requested or Subscriber Name if entire membership cancellation	Cancel Coverage (*check if applicable*)	Reason for Change (*choose from code table below*)	Effective Date of Change/ Last Date of Employment

Signature (Group Admin): _____

Prepared Date: _____

Reason for Change Codes:
L = Left our Employment
C = Canceled at Members Request
D = Deceased
M = Military Service
O = Opt for Other Carrier/ Insurer Coverage
T = Temporary Layoff
P = Permanent Layoff
J = Job Abandonment
R = Retirement

Group policyholders are liable for an enrollee's or individual insured's premiums payments from the time the person ceases to be eligible for coverage until the end of the month, in which the group policyholder notifies the Health Maintenance Organization (HMO) or insurer, that the person is no longer part of the group and eligible for coverage; and Group policyholders are required to provide coverage for the enrollee or individual insured, under the policy, until the end of the notification month.

All PPO products are underwritten by Memorial Hermann Health Insurance Company. All HMO products are underwritten by Memorial Hermann Health Plan, Inc.