## Erisa Notification to terminate Employee elected benefits for nonpayment

Employee Name:		Employee ID #:	
	mination of employee		
			•
Termination d deduction.	ate is based on the last knov	vn payment made by the employee	by self-pay or
Termination of	of Benefits effective date:		
Employee ber	nefits to be terminated:		
Presbyterian I	<u>нмо:</u>		
Single	Employee + Sp/Partner	Employee + Child/Children	Family
Blue Cross HM	<u>10</u>		
Single	Employee + Sp/Partner	Employee + Child/Children	Family
Blue Cross PP	<u>o</u>		
Single	Employee + Sp/Partner	Employee + Child/Children	Family
<u>Delta Dental</u>			
Single	Employee + Sp/Partner	Employee + Child/Children	Family
<u>Vision Plan</u>			
Single	Employee + Sp/Partner	Employee + Child/Children	Family
Disability Plan	1		
Single			
<ul> <li>Erisa pleas</li> </ul>	se contact carriers to retro te	rm benefits ensure no claims filed	: Yes No
HR contact Name:		Phone Number:	
Agency Name	Print Name	Date:	
ASCINCY Maine	•	Date:	
Authorized Sig	gnature:		