Notification to Terminate Benefits Due to Non-Payment

Employee Name: _____ **Employee ID#:** _____

Termination of Benefits Effective Date: _____

(*Termination date is based on the last PPE where the premiums were collected by employee via self-pay or payroll deduction*)

Reason for Termination:

Employee Benefits to be Terminated:

Medical: **Tier:**

Dental: **Tier:**

Vision: **Tier:**

Disability:

Employee Supplemental Life:

Dependent Spouse/DP Life:

Dependent Child(ren) Life:

⬩ Erisa please contact carriers to retro term benefits.

HR Contact Name: _____ Phone Number: _____

Agency Name: _____ Date: _____

Authorized Signature: _____

E-Mail or Fax To: Erisa Administrative Services Inc.
        E-mail: sonm@easitpa.com
        Fax: (505)244-6009
CC: GSDRMD.EBB@state.nm.us

How to Electronically Sign: Click on Tools on the top left corner, in right window pane click Fill & Sign, Click Sign icon ⚷ Sign *in top window pane, select signature, and drag and place in desired area.*