



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"><li><input type="checkbox"/> New carrier, please specify: _____</li><li><input type="checkbox"/> Closing business</li><li><input type="checkbox"/> Moving out of area</li><li><input type="checkbox"/> Medicare</li><li><input type="checkbox"/> Can't afford</li><li><input type="checkbox"/> New coverage through spouse or new job</li><li><input type="checkbox"/> Other _____</li></ul>

**Employee Termination**

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

**Please Sign and Date:**  
Authorized Company Rep \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_