



Small Group Employee Information Change Form

USE THIS FORM TO:

- Notification of termination of employees and/or dependents.
- COBRA/Cal-COBRA notifications
 - COBRA applies if your group has 20 or more employees.
 - Cal-COBRA applies if your group has less than 20 full- and part-time employees.
- Address change

GROUP INFORMATION

Group Name	Group No.
Name of Person Completing Form	Phone No. ()

1. EMPLOYEES WHO REMAIN EMPLOYED BY THE GROUP AND ARE CANCELLING COVERAGE

Employees canceling coverage for themselves or their dependent(s) MUST complete Section 2 and 4 of the Employee Application in compliance with California State Law AB 1672. In order to be deleted, attach the completed application declining coverage to this form.

Certificate No.	Check one		Name of Employee and/or Dependent(s) <i>(Last Name, First Name)</i>	Coverage to be Deleted			Reason for Cancellation	Cancellation Effective Date
	Employee	Dependent		Medical	Dental	Life		
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>						

2. TERMINATED EMPLOYEES / DEPENDENTS

Deletions will be processed upon receipt of this form and are effective on the last day of the month following the termination date. Retroactive cancellations are not allowed. If a dependent is eligible for COBRA, please provide his/her Social Security No.

Certificate No.	Name of Employee and/or Dependent(s) <i>(Last Name, First Name)</i>	Termination Date	Cal-COBRA Eligible		Cal-COBRA Qualifying Event	Start COBRA Coverage	
			Yes	No		Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

3. CHANGE OF ADDRESS

Certificate No.	Employee Name	New Address	City / State / ZIP Code

Signature of person completing form: X _____ Date: _____