MAINE MUNICIPAL
EMPLOYEES HEALTH TRUST
60 Community Drive | Augusta, ME 04330-9486
(207) 621-2645 or 1-800-852-8300 | www.mmeht.org

TERMINATION NOTIFICATION FORM

Email completed form to htbilling@memun.org or Fax: (207) 624-0166

☐ **PLEASE CONTINUE TO BILL EMPLOYER FOR RETIREE PREMIUMS**
☐ **PLEASE REMOVE RETIREE FROM MONTHLY EMPLOYER INVOICE**

EMPLOYEE'S INFORMATION (To Be Completed By Employer)	
Employer:	**Employee Participated in LD1021:** ☐ **YES** ☐ **NO**
Employee's Legal Name:	
Alternate ID# (from the bill):	
Employee's Mailing Address:	
City/State/Zip:	

REASON FOR COVERAGE TERMINATION (Please Check Appropriate Box) & Specify Date Requested	
☐ **Retired Collecting MEPERS Thru This Employer (No Additional Forms Req'd)**	**Last Date Worked:**
☐ **Retired No MEPERS (Please include Retiree Eligibility Form from mmeht.org)**	**Last Date Worked:**
☐ **Terminated Employment: Voluntary** ☐ **Involuntary** ☐	**Last Date Worked:**
☐ **Terminated Employment During a Leave of Absence**	**Last Date Considered Employee:**
☐ **Cancelled by Employer for nonpayment of premiums during a leave of absence**	**Coverage Term Date:**
☐ **Reduction of Hours- no longer eligible for coverage**	**Last Date as Full Time Employee:**
☐ **Military Leave**	**Last Date Worked:**
☐ **Death of Employee**	**Date of Death:**
☐ **Employee Still Working-Chooses to Cancel Coverage (Check all that apply below)**	**Cov. Term Date:**

☐ *Health* ☐ *Life* ☐ *Dental* ☐ *Vision* ☐ *IPP* ☐ *LTD*

If cancelling health, life coverage may continue at a cost of .30 per $1,000 of life volume per month
If you cancel health and do not select to cancel the life plan, we will change the basic life plan to life no medical at the cost listed above

Printed Name of Person completing form

Signature of Person Completing (cannot be employee above)

FOR MMEHT USE ONLY

IPP/LTD Coverage Term Date:		**Term Date for All Other Plans:**			
Subgroup:	**Health Plan:**	**Status:**	**Status:**	**Status:**	
Name		**Health Eff Date**	**Dental Eff Date**	**Vision Eff Date**	**Life Vol.**
Member:					**Basic:**
Spouse:					
Dep1:					**Supp:**
Dep2:					
Dep3:					**Spouse:**
Dep4:					
Dep5:					**Dep:**
Dep6:					