



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: <input type="checkbox"/> YES <input type="checkbox"/> 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 MEPEERS Thru This Employer	Last Date Worked:
Retired No MEPEERS	Last Date Worked:
Terminated Employment: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	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:
<input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> IPP <input type="checkbox"/> LTD	

*If cancelling health, life coverage may continue at a cost of .30 per \$1,000 of life volume per month
If you 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:					