



# 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

PLEASE CONTINUE TO BILL EMPLOYER FOR RETIREE PREMIUMS

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

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):										
Current 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 <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:				
Health		Life		Dental		Vision		IPP		LTD
<i>If cancelling health, life coverage may continue at a cost of .30 per \$1,000 of life volume per month</i>										

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:					