



# 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](mailto: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):			
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 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:	
<i>Health</i>		<i>Life</i>	
<i>Dental</i>		<i>Vision</i>	
<i>IPP</i>		<i>LTD</i>	
<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:					