



BEST Life and Health Insurance Company

### Termination Form

Please complete this form to terminate coverage for an employee and/or the employee's dependents.

Company Name		Customer #	
Employee Name – Last	First	Middle Initial	Social Security Number

**Terminate coverage for:**

<b>Check one:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Dependents Only <input type="checkbox"/> Spouse Only	<input type="checkbox"/> Children Only <input type="checkbox"/> One Child Only, Provide Name: _____	<b>Terminate coverage for (check all that apply):</b> <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Life	<b>COBRA:</b> <input type="checkbox"/> Offer COBRA <input type="checkbox"/> Term COBRA	<b>Requested Term Date</b> _____
--	---	--	--	-------------------------------------

**REASON FOR TERMINATION OF COVERAGE (check one):**

<input type="checkbox"/> Employee terminated employment. Last day of full-time employment: _____	<input type="checkbox"/> Employee no longer eligible. Please explain:
---	---

<b>Employer Signature</b>	<b>Print Name</b>	<b>EMAIL ADDRESS*</b>	<b>Date</b>
---------------------------	-------------------	-----------------------	-------------

<input type="checkbox"/> Other coverage	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Other: _____
---	--------------------------------	-----------------------------------	----------------------------------	---------------------------------------

Photocopy if more forms are required

\* Email addresses are for sending confirmations only and will not be used for any other purposes.

**To submit this request for termination of coverage:**

**Mail to:**  
 BEST Life and Health Insurance Company  
 Attn. Administration  
 17701 Mitchell North  
 Irvine, CA. 92614-6028

**Email to:** [changes@bestlife.com](mailto:changes@bestlife.com)

**Fax to:** Attn. Administration, 949.724.1603

**PLEASE NOTE:** Do not make adjustments on your bill for terminated employees or dependents. When termination of coverage is processed, the adjustment will appear on your next bill.