

Case Number \_\_\_\_\_

## ARE YOU DELETING A TERMINATED EMPLOYEE?

***Please use this form to delete terminated employees.***

- It is the employer's responsibility to provide timely notification of the termination or separation of any employee.
- Please use this form to delete an employee or an employee's dependent from coverage instead of making changes to the front of the bill. If the employee is deleting dependent coverage, a waiver of coverage form needs to be submitted to IHC.
- Employees will not be retroactively terminated from coverage.
- Refunds will not be given for employees whose employment terminated prior to the month in which notification of the termination is provided.
- Do not use this form to terminate coverage of an active employee. Instead, submit a waiver of coverage form.

Last Name	First	MI	Social Security No.	Last Date Worked	COBRA Accepted <sup>1</sup>	State Continuation Accepted <sup>2</sup>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> COBRA is only available to groups with 20 or more employees. A completed Election Form must be submitted to IHC.

<sup>2</sup> State continuation coverage is only available in states that mandate such coverage. Please consult your Policy or Certificate of Insurance to determine if state continuation coverage is available to your employees. A completed Election Form must be submitted to IHC.

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## ARE YOU ADDING A NEWBORN OR NEWLY ADOPTED DEPENDENT?

***Please use this form to add an employee's newborn or newly adopted dependent to the employee's coverage.***

- It is the employer's responsibility to provide timely notification on behalf of the employee for the addition of an employee's newborn or newly adopted child.
- Newborns or newly adopted children must be added to coverage within 31 days of the date of birth or adoption.
- A newborn or newly adopted child not added to coverage within 31 days of birth or adoption will be considered a late enrollee.
- If the employee is not currently enrolled in coverage and desires to enroll, the employee must submit a fully completed Enrollment Application.
- Do not use this form to add any dependents other than a newborn or newly adopted child. Adding a dependent, other than a newborn, requires a completed Enrollment Form. Copy of adoption papers are required to add a newly adopted child.

Employee's Last Name	First	MI	Policy/Certificate No.	Child's Last Name	First	MI	Date of Birth	Gender
								<input type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> M <input type="checkbox"/> F
								<input type="checkbox"/> M <input type="checkbox"/> F

***Once completed, please fax this form to the IHC  
Policy Services at 602-678-4267.***

***Please retain a copy of the fax confirmation sheet for your records.***