



TERMINATION REPORT FORM

Use this form to notify the EPC Administration Office of any employee or dependent terminations. Fax the completed form to (412) 224-4465, email to EPC@cadsadmin.com or mail to EPC Benefits Administration, 60 Boulevard of the Allies, 5th Floor, Pittsburgh, PA 15222 within 30 days of the termination.

Employee/Dependent name:

Others on policy terminating coverage:

Employee SSN (last four digits):

Ordained? Yes No

Birthdate:

Effective date of termination (Last day of active coverage):

Reason for termination:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Termination of employment | <input type="checkbox"/> Death | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Voluntary termination | <input type="checkbox"/> Transfer to another church | |
| <input type="checkbox"/> Electing other coverage | <input type="checkbox"/> Retirement with other coverage | |
| <input type="checkbox"/> Other (please explain): | | |

Select which benefits you are requesting to terminate:

- All benefits ~OR~
- Medical Dental Vision Life Long-Term Disability

Employee signature (if available) _____

Date

Church name

Customer #0660-

Church officer signature _____

Date

Phone

Email