



EPC

Benefit Resources, Inc.

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 _____

Employee SSN (last four digits) _____ Ordained? Yes No

Birthdate _____ Hire Date _____

Last Day of Employment _____ Coverage Termination Effective Date _____

Others on policy terminating coverage _____

Reason for termination:

- Voluntary Termination
- Termination of Employment
- Employee Electing Other non-EPC Coverage
- Transfer to Another Church* _____
- Retirement
- Death
- Transition to Pastor Without Call, Pastor Laboring Out-of-Bounds, or Retiree**
- Other (Please Explain) _____

**New Church must complete an enrollment form to transfer benefit coverage to their church account.*

***From Presbytery-approved ministry.*

Select which benefits you are requesting to terminate:

- All Benefits ~OR~
- Medical Dental Vision Life/Long-Term Disability Retirement



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For Church Accounts

Employee Signature (if available) _____

Date _____

Church Name _____ Customer #0660- _____

Church Officer Signature _____ Date _____

Phone _____ Email _____

**For Individuals under Continuation of Coverage,
Pastor without Call, Laboring Out-of-Bounds, and Retirees**

Customer Signature _____

Date _____ Customer #0660- _____

Phone _____ Email _____

Important: Please note that premiums are due until the date completed termination forms are submitted.

Please contact the vendor directly for terminating voluntary benefits.