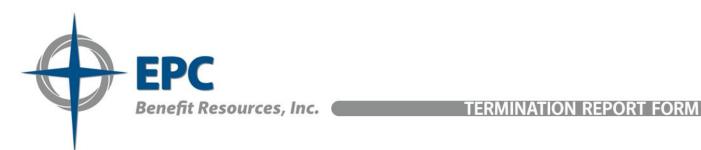




Use this form to notify the EPC Administration Office of any employee or dependent terminations. Fax the completed form to 412-224-4465, email to EPC@cdsadmin.com or mail to EPC Benefits Administration, 60 Boulevard of the Allies, 5<sup>th</sup> Floor, Pittsburgh, PA 15222 within 30 days of the termination.

Covered Employee Name	
Employee SSN (last four digits)	Employee Birthdate
List name(s) of all members (including en	nployee, if applicable) who are being terminated:
Coverage Termination Effective Date (If dependent only, please provide Qualifying L.	
If employee is being terminated, please ar	nswer the following:
Ordained Teaching Elder? Yes No	Number of years as TE
Hire DateL	ast Day of Employment
Reason for termination from coverage by	current church:
☐ Termination of Employment	
☐ Death	
Employee Electing Other non-EP	C Coverage:
Transitioning to Medio Continue coverag I have no covered	provide supporting documentation) care: (check all that apply) e for spouse/dependents spouse/dependents on my plan ge employer and transitioning to Medicare
☐ Transfer to Another EPC Church*	k
Transitioning, but retaining stand	ding in the EPC: (May continue EPC benefits*)
☐ Pastor Without Ca☐ Pastor Laboring C☐ Retiring (non-Me	Out-of-Bounds
*New Church or participant must complete	e an enrollment form to transfer benefit coverage.
Select which benefits you are requesting t	o terminate:
☐ All Benefits ~OR	~
☐ Medical ☐ Dental ☐ Vision	Life/Long-Term Disability 403(b)(9)



## For Members enrolled through their EPC Church/Ministry

Church Officer Signature		Date
Church Name		Customer #0660
Phone	Email	
For Individuals enrolled under Continuation of Coverage, Pastor without Call, Laboring Out-of-Bounds, and non-Medicare eligible Retirees		
Covered Employee Signatu	re	
		-

## Important:

Please note, coverage will continue, and premiums must be paid through the last day of the month of the termination effective date.

For termination of voluntary benefits not paid through your church, please contact your insurance carrier directly.