



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.**

Covered Employee Name _____

Employee SSN (last four digits) _____ Employee Birthdate _____

List name(s) of all members (including employee, if applicable) who are being terminated:

Coverage Termination Effective Date _____

(If dependent only, please provide Qualifying Life Event supporting documentation)

If employee is being terminated, please answer the following:

Ordained Teaching Elder? Yes No Number of years as TE _____

Hire Date _____ Last Day of Employment _____

Reason for termination from coverage by current church:

- Termination of Employment
- Death
- Employee Electing Other non-EPC Coverage:
 - Qualifying Life Event (provide supporting documentation)
 - Transitioning to Medicare: (check all that apply)
 - Continue coverage for spouse/dependents
 - I have no covered spouse/dependents on my plan
 - Retiring from large employer and transitioning to Medicare
- Transfer to Another EPC Church*
- Transitioning, but retaining standing in the EPC: (May continue EPC benefits*)
 - Pastor Without Call
 - Pastor Laboring Out-of-Bounds
 - Retiring (non-Medicare eligible)

**New Church or participant must complete an enrollment form to transfer benefit coverage.*

Select which benefits you are requesting to terminate:

- All Benefits ~OR~
- Medical Dental Vision Life/Long-Term Disability 403(b)(9)



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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 Signature _____

Date _____ Customer #0660- _____

Phone _____ Email _____

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.