



AAAS Employee Benefit Fund
 11245 Chantilly Parkway Court | Montgomery, AL 36117-7585
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Use this form to notify AAASEBF of **ALL** terminations. Written notification must be received in our office before the first day of the month in which you wish the employee to be removed from your health/dental/life/vision group.

TERMINATION NOTICE

To: Automotive Aftermarket Association Southeast Employee Benefit Fund (AAASEBF) Administrator

RE: TERMINATION OF INSURANCE PARTICIPATION

Please terminate coverage effective _____ on the following participant:

NAME _____	CONTRACT NUMBER(S) _____
<input type="radio"/> Cancel Health	<input type="radio"/> Cancel Dental
<input type="radio"/> Cancel Life	<input type="radio"/> Cancel Vision
REASON FOR TERMINATION:	
<input type="radio"/> No longer employed	<input type="radio"/> Spousal coverage
<input type="radio"/> No longer working a minimum of 30 hours	<input type="radio"/> FMLA/90 day sick leave has been exhausted
<input type="radio"/> Other, please explain _____	
ONE OF THE OPTIONS BELOW MUST BE CHECKED:	
<input type="radio"/> COBRA Election Notice(s) for health/dental/vision have been provided to the above named qualified beneficiary via certified mail to the home address as required by law . Proof of COBRA notification(s) must be kept on file. Date notice(s) mailed _____	
<input type="radio"/> Participant remains employed but voluntarily elects to terminate health/dental/vision contract (No COBRA notice necessary). Employee signature (required) _____	
<input type="radio"/> This company is not on an AHP plan and has less than 20 employees and does not offer COBRA.	
If you believe that a COBRA qualifying event does not exist due to employee gross misconduct, please call AAAS to verify.	

Signed _____ Title _____

Company Name _____ Date _____

- ▶ **If association is not notified as specified above, statement will carry premiums.**
- ▶ **Failure to provide proper notification of COBRA rights may subject your company to fines imposed by ERISA, as well as, potential claims liability.**

If you would like to receive receipt confirmation of this notice, please check preferred communication below:

- Email at the following address _____
- Fax to the following number _____

AAASEBF Use Only				
Effective Date		A	B	V