



AAAS Employee Benefit Fund
11245 Chantilly Parkway Court | Pike Road, AL 36064
800.239.7779 | f 334.834.1818 | kay@aaas.us

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) _____

- Cancel Health, Cancel Dental, Cancel Life, Cancel Vision

REASON FOR TERMINATION:

- No longer employed, Spousal coverage, On Medicare, No longer working a minimum of 30 hours, FMLA/90 day sick leave has been exhausted, Other, please explain

ONE OF THE OPTIONS BELOW MUST BE CHECKED FOR HEALTH/DENTAL/VISION TERMINATIONS:

- 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
Participant remains employed but voluntarily elects to terminate health/dental/vision contract (No COBRA notice necessary). Employee signature (required)

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.
All AAASEBF member companies are REQUIRED to offer COBRA to each and every qualified beneficiary/employee. COBRA is a Federal law.

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

Table with 4 columns: Effective Date, AAASEBF Use Only, B, A