



JG11-CH

**TO BE COMPLETED BY THE EMPLOYER**

Company Name \_\_\_\_\_ Firm # \_\_\_\_\_

Employee Name \_\_\_\_\_ Certificate # \_\_\_\_\_

Plan Administrator's Name \_\_\_\_\_

Plan Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TERMINATE EMPLOYEE'S COVERAGE**

**Employee Left Employment** All benefits stop on the day following the 'Last Day of Work'.  
 Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) \_\_\_\_\_

**Leave of Absence/  
Temporary Lay Off** During a leave or lay off, an employer can continue to offer the coverage held by the individual on a premium-paying basis with the exception of Long Term Disability and Weekly Indemnity coverage. In order for insurance to continue, we must be notified before the leave starts and provided with a scheduled return to work date, which cannot exceed six months\*.  
 Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) \_\_\_\_\_  
**OR** Scheduled Return to Work (if applicable) \_\_\_\_\_  
 Continue Employee's Coverage Last Day of Work (YYYY/MM/DD) \_\_\_\_\_  
Scheduled Return to Work \_\_\_\_\_

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## Employee Termination

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