



Termination Request

Please email this form to: TerminationNotice@gbsio.net or Fax to 410.832.1316

Group Name	Submission Date
GBS Account Number	Employer Signature

MEMBER TERMINATION OR PRODUCT TERMINATION

IMPORTANT – PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES TERMINATING EMPLOYMENT OR REQUESTING CANCELLATION OF COVERAGE/PRODUCT.

TERMINATION EFFECTIVE DATES WILL BE PROCESSED BASED ON CARRIER GUIDELINES. IF RECEIVED AT GBS BY 3:00 PM THE REQUEST WILL BE PROCESSED ON DATE OF RECEIPT.

EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	EFFECTIVE DATE	PRODUCTS TO BE TERMED (MED, DEN, VIS, LIFE, ETC. OR ALL)	REASON	ADDRESS

DEPENDENT TERMINATION OR PRODUCT TERMINATION

IF A COVERAGE LEVEL CHANGE RESULTS FROM A DEPENDENT TERMINATION, PLEASE SUBMIT A REVISED/SIGNED ELECTION FORM. SUPPORTING DOCUMENTATION MAY BE REQUIRED.

EMPLOYEE SOCIAL SECURITY NUMBER	DEPENDENT NAME	EFFECTIVE DATE	PRODUCTS TO BE TERMED (MED, DEN, VIS, LIFE, ETC. OR ALL)	REASON	DEPENDENT ADDRESS