

**American Sentinel Insurance Company
PO Box 61140
Harrisburg, PA 17106-1140**

**Independent Contractors/Part-Time Employees
Termination Form**

Group Name _____

Insureds to terminate:

**(Coverage terminates 12:01am
the first of a month)**

Name:	Social Security #:	Effective Date:	Reason Code:
_____	_____-_____-_____	_____	_____ ()
_____	_____-_____-_____	_____	_____ ()
_____	_____-_____-_____	_____	_____ ()
_____	_____-_____-_____	_____	_____ ()
_____	_____-_____-_____	_____	_____ ()

Submitted by: _____ Date: _____

Please submit as soon as possible.
Fax # 717-657-9499

Note: If the insured's spouse or dependents
have changed addresses please notify us.

- Reason Codes:
- (1) Termination:
 - (V) Voluntarily left employment
 - (IV) Involuntarily terminated (laid off)
 - (2) Insured's request
 - (3) Disability
 - (4) Reduction of hours worked:
 - (RH) Reduction in hours – Still Employed
 - (RZ) Reduction in hours to zero hours
 - (5) Death
 - (6) Medicare entitlement
 - (7) Divorce or legal separation
 - (8) Dependent child no longer meets the definition of a dependent as specified in our plan.