



# Employer Termination/Deletion Form

This will ensure that the changes are reflected on your next invoice. To expedite your request you may fax this form to the attention of the Billing & Enrollment dept. at **212-747-8473**. Note that this form must be filled out completely including the name and signature of the Group Administrator sending the request.

	Employee Full Name	Member ID #	Date of Termination	Reason for Termination	Name of Member to be terminated (Other than Employee)
T E R M I N A T I O N S					

Employer Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_