

Employee/Retiree – Senior Plans Termination Form

Group Plans

Important: This form must be received by GuideStone no later than the 25th of the month prior to the desired termination date.

EMPLOYEE/RETIREE INFORMATION

Employee first name: _____ MI: _____ Last name: _____

Employee address: _____

City: _____ State: _____ ZIP Code: _____

Social Security number (last four digits): _____

Telephone number: (_____) _____

EMPLOYER INFORMATION

Employer name: _____

Employer address: _____

City: _____ State: _____ ZIP Code: _____

Employer number: _____ Email: _____

Please terminate the following coverage on: ____/____/____ Care Plans can only be terminated the last day of the month.

Check one

Coverage option – Please check

- | | | | |
|---|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Senior Plan | <input type="checkbox"/> For myself | <input type="checkbox"/> For spouse | <input type="checkbox"/> For dependent: _____ |
| <input type="checkbox"/> Senior Plus Plan | <input type="checkbox"/> For myself | <input type="checkbox"/> For spouse | <input type="checkbox"/> For dependent: _____ |
| <input type="checkbox"/> Care Basic Plan | <input type="checkbox"/> For myself | <input type="checkbox"/> For spouse | <input type="checkbox"/> For dependent: _____ |
| <input type="checkbox"/> Care Plus Plan | <input type="checkbox"/> For myself | <input type="checkbox"/> For spouse | <input type="checkbox"/> For dependent: _____ |

AUTHORIZED SIGNATURES

Employee signature: _____ Date: ____/____/____

Employer authorized representative signature: _____ Date: ____/____/____

Completed form may be faxed to: 214-720-2105

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

