

Care Plans Termination Form

Personal 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: _____

Telephone number: (_____) _____

EMPLOYER INFORMATION (FOR ACTIVELY WORKING PARTICIPANTS ONLY)

Employer name: _____

Employer address: _____

City: _____ State: _____ ZIP Code: _____

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

Check one

Coverage option — Please check

Care Plus Plan For myself For spouse For dependent: _____

Care Basic Plan For myself For spouse For dependent: _____

AUTHORIZED SIGNATURES

Employee signature: _____ Date: ____/____/____

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

After completing this form you may fax it to:

214-720-4676

Or return the completed form to:

Insurance Operations — Personal Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

