

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

