

HEALTH PLAN TERMINATION FORM

Section 1: Employer Information

Employer Name (Practice Name): _____

Federal Tax Identification #: _____

Address: _____
Street Address Suite City State Zip

Phone: _____ Fax: _____ E-Mail Address: _____

To be completed by Trust (Plan Sponsor)

Group #

Account #

Section 2: Reason for Termination

Group is terminating the group from Members Health Plan NJ because (check ALL boxes that apply):

- Rates too high**
Moving to: Horizon Aetna Cigna United Amerihealth Oscar Homestead Exchange Other
Savings: 1%-2% 3%-4% 5% 6%-9% 10%-14% 15% 16%-19% 20% 21%+
- Service issues** (briefly explain) _____
Moving to: Horizon Aetna Cigna United Amerihealth Oscar Homestead Exchange Other
- Business reducing costs** (briefly explain) _____
Moving to: Horizon Aetna Cigna United Amerihealth Oscar Homestead Exchange Other
- Increased Benefits** (briefly explain) _____
Moving to: No Deductible Lower Co-pay Better Network Less Out of Pocket Increased Surgical Coverage
 Increased Hospitalization Coverage Increased Imaging Coverage Increase Diagnostic Testing Coverage
- No longer offering medical benefits to employees**
- No longer have any employees eligible for benefits**
- Closing business**
- Merging with another business**

Section 3: Termination Agreement

I/we hereby request that coverage for all employees enrolled under Members Health Plan NJ be terminated effective _____. I understand that Members Health Plan NJ is responsible only for the expenses incurred while this coverage was in force. This letter will provide your group with the required 60-day termination notification of Members Health Plan NJ.

I/we understand that the responsibility of offering continuation coverage or COBRA coverage to my/our employees lies with the employer. If new coverage from another carrier is not being purchased, then, I/we must take responsibility for offering continuation coverage or COBRA to all covered employees.

Name (Please Print): _____

Signed: _____ Date: _____

Section 4: To be filled out by Trust (Plan Sponsor)

Group has been Terminated on _____, _____.

Date: _____