



Group/Location:


Invoice #:

Date:

< Enter date submitted to Policy Services

### ARE YOU DELETING A TERMINATED EMPLOYEE?

Please use this form to delete terminated employees

It is the employer's responsibility to provide timely notification of the termination or separation of any employee.

Please use this form to delete an employee or an employee's dependent from coverage instead of making changes to the front of the bill.

Terminated employees may be removed from billing up to 60 days prior to receipt of the request as long as the employee has not submitted any claims during that 60-day period.

Last Name	First Name	MI	ID or SSN	Last Day Worked

**\*\*\* Note: This form is NOT for adding member to the plan. A completed application is required for enrollment.**

**Once completed, please fax this form to the Policy Services Department at 602-906-4745 or by email to [policyservices@ihcgroup.com](mailto:policyservices@ihcgroup.com)**

*Please retain a copy of the fax confirmation sheet or response email for your records.*