## NOTICE - Termination/Waiver

Starmark Administration Department

847.615.3955

RE: Gi	oup Name		Group No.	
The member will r the sixth month in	emain covered until t the case of disabilit	he end of the month y. COBRA, state con	mployment or stops workin in which termination occur tinuation or conversion m er Administration Guide fo	rs or until the end of ust be offered when
Member's Name	Member's I.D. No.	Last Date of Employment	First Date of Disability	Expected Return Date
			e employed, but wishes	
coverage. Please b	e advised when apply		e future, the member may	
coverage. Please b	e advised when apply	ying for coverage in th vaiting periods may a Waiving Total Coverage	e future, the member may oply.  Waiving Major Medical Only	Waiving Dental Only
coverage. Please t enrollee and additi	e advised when apply onal limitations and v	ying for coverage in th vaiting periods may a Waiving	e future, the member may oply.  Waiving	be considered a late  Waiving
coverage. Please the norollee and addition and additions and any dember any dember and any dember any dember any dember and any dember and any dember and any dember any dember and any dember and any dember and any dember any dember	e advised when apply onal limitations and v	ying for coverage in th vaiting periods may a Waiving Total Coverage	e future, the member may oply.  Waiving Major Medical Only	Waiving Dental Only
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TO:

FAX NO.: