

GROUP SERVICE, INC.

TERMINATED EMPLOYEE TRANSMITTAL SHEET

GROUP NAME: _____ GROUP NUMBER: _____

	EMPLOYEE NAME	SOCIAL SECURITY NUMBER	CARRIER(S) BEING TERMINATED	EFFECTIVE TERMINATION DATE	CANCELLATION CODES REQUESTED CANCELLATION-RC LEFT EMPLOYMENT-LE DECEASED-D
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please use this Transmittal Sheet to terminate employees currently cancelling their coverage from your company. **NO RETROACTIVE TERMINATIONS OR SUBTRACTING OF MONIES ALREADY PAID CAN BE ALLOWED.** Only the insurance carriers from whom the individual has received coverage can grant retroactive termination credits. Retroactive terminations **must** be requested by letter.

RETURN TO: Group Service, Inc.
P.O. Box 94686
Cleveland, Ohio 44101-4686
Fax 216-573-2288

Employer signature _____
or Group Official