

Medicare-Coordinating Plans Termination Form

Group Plans

Important: This form must be received by GuideStone no later than the 25th of the month of the desired termination date. Medicare-coordinating plans can only be terminated the last day of the month.

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: ____/____/____

| 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: _____ |
| <input type="checkbox"/> CareToday Plan | <input type="checkbox"/> For myself | <input type="checkbox"/> For spouse | <input type="checkbox"/> For dependent: _____ |

TERMINATION REASON

Retirement: ____/____/____ Last date worked
 Employment terminated: ____/____/____ Last date worked
 Withdrawal Other carrier No longer eligible

AUTHORIZED SIGNATURES

Employee signature: _____ Date: ____/____/____
Employer authorized representative signature: _____ Date: ____/____/____

Completed form may be faxed to: 1-877-834-1025

Or return the completed form to:
Insurance Services — Group Plans
GuideStone Financial Resources
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

