

# 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.**

## RETIREE INFORMATION

Employee first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Social Security number (last four digits): \_\_\_\_\_ Telephone: \_\_\_\_\_

## EMPLOYER INFORMATION

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Employer number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please terminate the following coverage on:** \_\_\_\_\_

Check one

Coverage is being terminated for (check all that apply):

Senior Plan  For myself  For spouse  For dependent: \_\_\_\_\_

Senior Plus Plan

Care Basic Plan

Care Plus Plan

Care Today Plan

Senior Plan – No Rx

Senior Plus Plan – No Rx

Retiree Term Life

Spouse Term Life

Child Term Life

## TERMINATION REASON

Death  Date of death: \_\_\_\_\_

Withdrawal  Other carrier  No longer eligible

## AUTHORIZED SIGNATURES

Retiree's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Authorized Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed form may be emailed to: *Group.Insurance@GuideStone.org*\***

**\*This is an unmonitored inbox for form submission ONLY.**

