

NCSD12 Multipurpose Form for :
Termination of Medical/Dental/Vision Insurance
Authorization to Stop Direct Deposit
Authorization to Stop Voluntary Deductions
Waiver of Group Health Coverage (see other side)

Rev 10/28/14

Employee # _____

Employee Last Name _____

First Name _____

Phone and/or email address _____

Desired Effective Date _____

List Family Member(s) to be Removed from Coverage - Select ONLY coverage to be canceled

Employee/Subscriber	☐ M ☐ F	DOB _____	☐ HMA Med ☐ Kaiser Med ☐ HMA Dent ☐ Kaiser Dent ☐ HMA Vis	Coverage Ends _____
Spouse / Domestic Partner	☐ M ☐ F	DOB _____	☐ HMA Med ☐ Kaiser Med ☐ HMA Dent ☐ Kaiser Dent ☐ HMA Vis	Coverage Ends _____
Dependent 1	☐ M ☐ F	DOB _____	☐ HMA Med ☐ Kaiser Med ☐ HMA Dent ☐ Kaiser Dent ☐ HMA Vis	Coverage Ends _____
Dependent 2	☐ M ☐ F	DOB _____	☐ HMA Med ☐ Kaiser Med ☐ HMA Dent ☐ Kaiser Dent ☐ HMA Vis	Coverage Ends _____
Dependent 3	☐ M ☐ F	DOB _____	☐ HMA Med ☐ Kaiser Med ☐ HMA Dent ☐ Kaiser Dent ☐ HMA Vis	Coverage Ends _____

Reason for Loss of Coverage (select one):

COBRA will be offered for 1-7 below

- ☐ 1 - Voluntary Termination of Employment (includes retirees)
- ☐ 2 - Involuntary Termination of Employment
- ☐ 3 - Reduced Hours
- ☐ 4 - Ineligible Dependent (age 26 for med/vis plans or Kaiser dent)
- ☐ 5 - Ineligible Dependent (age 25 for HMA dent)
- ☐ 6 - Divorce - Date decree certified by Court _____
- ☐ 7 - Legal Separation - Date certified by Court _____

HIPPA - COBRA will NOT be offered for 1-5
(If reason 1, 2, or 3 selected below, complete and sign Waiver of Coverage on reverse side)

- ☐ 1 - Elects to drop coverage (no alternate insurance)
- ☐ 2 - Benefits through another Carrier
- ☐ 3 - Elects to drop while on Leave Without Pay
- ☐ 4 - Entitled to Medicare Benefits
- ☐ 5 - Gross Misconduct

Direct Deposit, Standard Life & Disability Insurance, Supplemental Retirement, and Miscellaneous

☐ **Direct Deposit - Stop Completely**

Supplemental Retirement

It is the employee's responsibility to notify agent of this change.

- ☐ First Investors 403B
- ☐ First Inv 403B Roth
- ☐ First Investors 457
- ☐ Oppenheimer-First Inv

- ☐ Valic 403B
- ☐ Valic 403B Roth
- ☐ Valic 457
- ☐ Oppenheimer-Valic

- ☐ Voya 403B
- ☐ Voya 403B Roth
- ☐ Voya 457
- ☐ Oppenheimer-Voya

Standard Life & Disability

- ☐ Voluntary Life - Emp
- ☐ Voluntary Life - Spouse
- ☐ Voluntary Life - Child

- ☐ Basic Life - Emp
- ☐ Basic Life - Spouse
- ☐ Basic Life - Child

- ☐ Short Term Disab
- ☐ Long Term Disab

Miscellaneous

☐ NC Education Foundation

☐ United Way

☐ OSEA/ELAF Fund

☐ OSEA Life

Employee Signature _____

Date _____

Benefits Specialist Authorization _____

Date _____