HealthAmerica
Attn: Eligibility Department
PO Box 67103
Harrisburg, PA 17106-7103
Fax: 1-800-788-5447

EMPLOYEE TERMINATION REPORT

Use this form for employee terminations only. For all other enrollments or enrollment changes (e.g. enrolling a new employee, adding a dependent), please use the HealthAmerica **Enrollment/Change Form**. Terminations submitted on this report must be received by the 1st of the month or they may not be reflected until your next invoice. Employers must complete all sections of this form to cancel their employees from coverage. Forms missing required termination information may delay processing. To expedite processing, please fax to the Eligibility Department at 1-800-788-5447. If you have questions or to confirm processing, please contact the CARETeam at 1-800-404-9886.

Date:_____

Group Name:	Phone Number:
Group Number:	Email Address
Contact Name:	Contact Title:
Contact Signature:	

Reasons for Termination

1. Employment terminated
2. Moved out of the area
3. Loss of eligibility
4. Non-payment of premium
5. Other coverage
6. Deceased

Subscriber ID Number	Social Security Number	Employee's Name Last, First, Middle Initial	Term Reason Code	Last Day of Employment	Last Day of Coverage