



Health Pool of South Dakota

GROUP NAME: _____

TERMINATION REPORT

HEALTH POOL GROUP #: _____

Name and Last 4 Digits of Social Security Number	Termination Date Enter Employee termination date. Coverage will end on the last day of the month in which employment terminates.	Coverage Type Single, Emp + 1, Emp. + kids, Family	COBRA Eligible (Y or N) Enter Yes if termination is for any reason other than gross misconduct	Retirees Is retiree eligible for Medicare (Y or N)	COBRA Eligible Please provide employee's home address for mailings

Note: If your entity elected to offer Life insurance coverage, this coverage will end on the last day of the month in which employment terminates

Email or Mail completed form to:
Health Pool of SD
208 Island Dr.
Ft. Pierre, SD 57532
Email: Lisa@sdmunicipalleague.org

Authorized Signature