

DIOCESE OF FORT WAYNE – SOUTH BEND
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FORT WAYNE, IN 46801
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FAX 260-888-1181
EMAIL TO cbracht@diocesefwsb.org

INSURANCE TERMINATION FORM

THIS FORM SHOULD BE USED TO REPORT THE TERMINATION
 OF FULLTIME EMPLOYEES ONLY

TERMINATIONS SHOULD BE REPORTED IMMEDIATELY SINCE
 IT COULD AFFECT PREMIUM DEDUCTIONS AND COVERAGE STATUS.

SOCIAL SECURITY #	NAME	HEALTH	LIFE	DENTAL	VISION	EFFECTIVE DATE

LOCATION #

BUSINESS MANAGER SIGNATURE

DATE