



## Termination/Involuntary Loss of Coverage

Mail or fax this form to:  
PAI, P.O. Box 6702, Columbia, SC 29260-6702  
Fax (803) 870-8060

### When Terminating All Benefits:

Employee must:

- Sign and date Section 5, if available.

Company Representative must:

- Complete Sections 1, 2, 3 and sign and date Section 4.
- Submit completed form to PAI within five days of employee termination.

Questions? Call EssentialCare customer service at (866) 740-4006

### Section 1.

Employee's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP

Group Number: \_\_\_\_\_ Effective Date of Termination: \_\_\_\_\_  
(The effective date of termination is the last day of the pay period for which premiums were deducted.)

### Section 2. Reason for Termination (Check one and enter the date requested.)

- Termination of Employment Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Death of Employee Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reduction of hours Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Loss of Dependent Coverage Date of Coverage Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Divorce/Legal Separation Date of Divorce/Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 3. List all family members to be cancelled

Dependent Names (First and Last)	Address (if different from address above)
Name _____	Street _____ City _____ State _____ ZIP _____
Name _____	Street _____ City _____ State _____ ZIP _____
Name _____	Street _____ City _____ State _____ ZIP _____
Name _____	Street _____ City _____ State _____ ZIP _____

### Section 4.

Authorized Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please include area code.)

### Section 5.

Employee Signature (if available): \_\_\_\_\_ Date: \_\_\_\_\_



The Medical/Rx, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois. The Term Life/Accidental Death, and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois.



EssentialCare plans administered by  
Planned Administrators Inc.,  
P.O. Box 6702 Columbia, South Carolina 29260