



EMPLOYEE TERMINATION NOTICE

(For Termination Only, Not Change-of-Status or Waiver)

School District Name _____ Group No. _____

Note: Do not use this form to drop dependents or to change status from active employment to retirement – PLEASE USE A MUST CHANGE FORM. If the retiree is not keeping his/her MUST coverage then this form should be used. It is very important that you indicate the type of qualifying event in order for MUST to determine whether or not the member is eligible for the COBRA subsidy.

Employee's Full Name and Last Known Address	Employee's Social Security Number	Date of Qualifying Event*	Type of Qualifying Event**
			<input type="checkbox"/> VOLUNTARY
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			<input type="checkbox"/> VOLUNTARY
			<input type="checkbox"/> INVOLUNTARY

* **Date of Qualifying Event:** The exact date the employee became ineligible for coverage (i.e., last date employee worked as an eligible employee). All terminations are effective at the end of the month.

****Qualified Events:** Termination of employment (employee); retirement (employee); death; hourly reduction (ineligibility).
Voluntary Termination means the employee resigned or quit. This voids eligibility for COBRA subsidies.
Involuntary Termination means the employee was fired or laid-off. This does not include a reduction in work hours. Involuntarily terminated employees are eligible for the subsidy except in the case of gross misconduct, in which case they are ineligible for COBRA.

Please send completed form(s) to:

Montana Unified School Trust
Attn: Enrollment Specialist
 P.O. Box 4579
 Helena, MT 59604

Questions?
Phone: 1-800-845-7283
Fax: 1-406-442-4161
E-mail: contact@ms-sf.org