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 the status of an active employee to a retiree – PLEASE USE A MUST CHANGE FORM. If the Retiree is not keeping their MUST coverage then this form should be used.

Employee's Full Name and Last Known Address	Employee's Social Security Number	Date of Qualifying Event**	Type of Qualifying Event***

** **Date of Qualifying Event** is the exact date the employee becomes ineligible for coverage; ie: last date employee worked as an eligible employee (all terminations are effective the end of the month).

***Qualified Events are:** Termination of employment (employee); retirement (employee); death; ineligible (reduced hours).

Please Send Completed Form To:
Montana Unified School Trust
Attn: Enrollment Specialist
P.O. Box 4579
Helena, MT 59604
Phone: 1-800-845-7283 **Fax:** (406) 442-4161