



Termination Form

DIV 29 - Dixon Public Schools 170

Form must be completed entirely for all terminations including life only.

Please submit via secure email to Illinois School Insurance Network

mwil.isinadministration@marshmma.com

Employee Information

District Name:	<u>Dixon Public Schools 170</u>	Social Security #:	<u>— — — — —</u>
Employee Name:	<u></u>	Date of Birth:	<u>— — — — —</u>
Address:	<u></u>	Telephone #:	<u>— — — — —</u>
City, State, Zip:	<u></u>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F

Event Date:	<u> / /</u>
<small>NOTE: Coverage will terminate at the end of the month in which the termination event occurs.</small>	

Reason for Termination:	<input type="checkbox"/> Left Employment	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Ineligible Child
	<input type="checkbox"/> Involuntary Termination	<input type="checkbox"/> Death	<input type="checkbox"/> Other Describe: <u></u>
	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Retirement	

List Individuals Terminating from Coverage (include employee if terming)

Name	Social Security #	Birth Date	Gender	Relationship
	— — — — —	— — — — —		
	— — — — —	— — — — —		
	— — — — —	— — — — —		
	— — — — —	— — — — —		
	— — — — —	— — — — —		

Current Benefits - Terminate Coverage for:

Plan	Coverage	Plan	Notes
Medical Insurance BCBS of IL	<input type="checkbox"/> Single	<input type="checkbox"/> P13957 Tier 2 PPO	
	<input type="checkbox"/> Empl + 1	<input type="checkbox"/> P13955 Tier 3 PPO	
	<input type="checkbox"/> Family	<input type="checkbox"/> No coverage	
Dental Insurance MetLife <small>Non-Affiliation benefit—not administered by LAA. District contact responsible for administration.</small>	<input type="checkbox"/> Single	<input type="checkbox"/> 31535 DPPO	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> No coverage	
	<input type="checkbox"/> Family		
Vision Insurance VSP <small>Non-Affiliation benefit—not administered by LAA. District contact responsible for administration.</small>	<input type="checkbox"/> Single	<input type="checkbox"/> 30060796 Vision Plan	
	<input type="checkbox"/> Empl +1	<input type="checkbox"/> No coverage	
	<input type="checkbox"/> Family		

Terminate Life Insurance: ☐ Yes ☐ No Last FSA Deduction: ☐ N/A

Completed by: Date: / /