



Commerce Benefits Group

P.O. Box 900 • Elyria, OH 44036

Notice of Termination

FOR OFFICE USE ONLY: ELIG: EFFCHANGE INIT. ACCT.: BILLING INIT.

EMPLOYER'S NAME:	POLICY NUMBER:	LOCATION NUMBER:
INSURED'S NAME:	SOCIAL SECURITY #:	
DATE OF TERMINATION:	REASON FOR TERMINATION:	

DEPENDENT TERMINATIONS			
NAME OF DEPENDENT	RELATIONSHIP	DATE OF TERMINATION	REASON

AUTHORIZED SIGNATURE: _____

TODAY'S DATE: _____