DIOCESE OF FORT WAYNE – SOUTH BEND
P. O. BOX 390
FORT WAYNE, IN 46801
260-422-4611
FAX 260-423-3382

INSURANCE TERMINATION FORM

THIS FORM SHOULD BE USED TO REPORT ALL TERMINATIONS FOR HEALTH, LIFE, DENTAL AND VISION INSURANCE. CHECK EACH BOX WHICH APPLIES TO THE EMPLOYEE. TERMINATIONS SHOULD BE REPORTED IMMEDIATELY SINCE IT COULD AFFECT COVERAGE STATUS.

SOCIAL SECURITY #	NAME	HEALTH	LIFE	DENTAL	VISION	EFFECTIVE DATE

LOCATION SIGNED TITLE DATE