

Terminating Optional Benefits Prior to the End of the Month

If an employee would like to terminate all optional benefits effective the 15th of the month noted on the Terminating Employee Schedule, please have them sign and return form to HCBD no later than the Thursday before receiving their final check.

Please return the completed form to Health Care and Benefits Division, PO Box 200130, Helena, MT 59620-0130, fax (406) 444-0080 or e-mail benefitsquestions@mt.gov.

Name:	SABHRS Employee ID#:
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By signing this form I agree to cancel all optional benefits (dependents coverage, optional employee life, accidental death and dismemberment, dependent life, spouse life, long term disability, and medical and dependent care flexible spending accounts) effective the 15th of the month noted on the Terminating Employee Schedule. I understand dependent(s) will not have the option to continue on COBRA or Retiree benefits.

Member Signature

Date

