



# Group termination request form

Thank you for your participation in Geisinger Health Plan employer group coverage. To terminate your group’s coverage, return this form to your broker or assigned account executive. If you have any questions, call the GHP sales department at 800-554-4907.

|   |                                |                                     |                               |
|---|--------------------------------|-------------------------------------|-------------------------------|
| Group name                                      |                                |                                     |                               |
| Group number                                    |                                |                                     |                               |
| Requested termination date                      |                                |                                     |                               |
| New insurance type (choose one)                 | <input type="checkbox"/> Group | <input type="checkbox"/> Individual | <input type="checkbox"/> None |
| New employer group insurance carrier name       |                                |                                     |                               |
| Percentage difference of new premium            |                                |                                     |                               |
| Reason for termination (help us understand why) |                                |                                     |                               |

**Off-cycle termination policies**

**Small groups (ACA-compliant)**

Termination requires 30 days notice for off-cycle terminations, and 15 days for renewal effective date terminations. Groups are not permitted to terminate retroactively.

**Large groups**

Terminations requires 90 days notice for off-cycle terminations, and 15 days for renewal effective date terminations. Groups are not permitted to terminate retroactively.

**Geisinger Funding Alternative (GFA) groups**

Terminations require 30 days notice for on-cycle terminations. Groups are not permitted to terminate retroactively.

**By signing below, I hereby authorize my group coverage to be terminated.**

Group contact name: \_\_\_\_\_

Title: \_\_\_\_\_

Group contact signature: \_\_\_\_\_

Date: \_\_\_\_\_