Bethany Benefit Service

Providing church-worker benefit billing for the churches and institutions of the Evangelical Covenant Church.

Termination of Benefits or Employment

This letter is to request the termination of insurance or employment for the following employee. If the employee is receiving health insurance through his/her spouse and wishes to continue life and long-term disability benefits, please complete the Waiver of Health Insurance form.

Name _____ **Social Security Number** _____

Effective date of change _____

Note: Employees are eligible for benefits through the end of the month of their termination of employment, unless a severance package is offered to extend benefits.

Reason for Termination: (check one)

Employee and/or employer elected alternate insurance coverage

◯ *Note: A two-year waiting period prevents individuals from re-enrolling once coverage is cancelled due to financial reasons, such as electing alternate insurance coverage.*

◯ Hours worked per week reduced below required limits

◯ Termination of Employment (please complete the following)

Is extended health insurance included as part of a severance package? ◯ No ◯ Yes, until _____

Note: When offering benefits in a severance package, life and long-term disability benefits are not available.

As far as you are aware, has the employee accepted another position within the Evangelical Covenant Church?
Check one: ◯ No ◯ Yes

Employee's mailing address (for Cobra purposes)

_____

Phone _____ Email _____

Treasurer/Business Manager Signature _____

Return completed form to Bethany Benefit Service
Mail: P.O. Box 316560; Chicago, IL 60631-6560
Fax: (773) 784-2249
Email: bethany@covchurch.org