AULTCARE

Cancellation/Continuation Notification

Today's Date:	**Employer:**
Group Numbers:	**Completed By:**

EFFECTIVE DATE OF TRANSACTION	EMPLOYEE NAME LAST, FIRST, M.	ID NUMBER	TRANS. CODE	COVERAGE TYPE M-Medical, D-Dental, V-Vision	COMMENTS

Please indicate all cancellations on this report. Do not make changes on the monthly premium statement. Utilize transaction codes for each change. Include enrollment form where indicated and provide within 31 days of event. ***Signed enrollment forms must include spouse's signature when applicable.**

TRANSACTION CODES

Cancellation of Coverage:

A. Cancellation – Left Employment/Termination (Include in Comments section Termination Date & if Voluntary, Involuntary or due to Gross Misconduct)
B. Cancellation – Deceased (Specify Date of Death in Comments section)
C. Cancellation – Layoff (Include in Comments section the Date of Layoff & if Voluntary or Involuntary)
D. Cancellation - Waiving (Specify in Comments if waiving coverage, include Enrollment Form with waiver section signed*.)
E. Cancellation – Reduction in hours: no longer meets minimum eligibility requirements

Continuation of Coverage:

F. COBRA Coverage Elected (Include Expiration Date, Copy of signed election form & proof of first payment)
G. State Continuation of Coverage (For employers under 20 – please indicate expiration date of State Continuation of Coverage in the Comments section. Please include a signed Continuation of Coverage Election Form.)

Other:

H. Other (Include detailed explanation)

I understand AultCare is relying on my answers to the above questions to ensure overall compliance for my group health plan. I certify the answers are true to the best of my knowledge and belief. I also understand I am responsible for promptly notifying AultCare if any information changes.

Please submit this form to AultCare by one of the following methods:
Email: aultcareeligibility@aultcare.com | Fax: 330-363-7746 | Mail: AultCare Member Services PO Box 6910 Canton, OH 44706

Please contact Customer Service with any questions: 330-363-6360