

Date: _____

Carrier Name: _____

To whom it may Concern,

Policy Name: _____ **Policy #** _____

This letter is to advise you that _____ will be terminating our group employee benefit plan **effective midnight of** _____.

Please ensure that any and all eligible claims incurred prior to that date, but submitted subsequently, will be honored in accordance with our contract.

We will be advising you by separate communication of any employee(s) who are not actively at work on our termination date.

Sincerely,

Signature: _____

Name: _____

Title: _____