



## Premium Credit for Terminated Employees Form

Please complete and fax or e-mail to ConnectiCare within 72 hours of the employee termination date. Note: Form will not be accepted via US mail.

Fax: (860) 678-5255

E-mail: [Enrollfax@ConnectiCare.com](mailto:Enrollfax@ConnectiCare.com)

Beginning October 1, 2009, a new Connecticut Law (Public Act No. 09-126) allows employers to elect not to pay the group health insurance premium for employees and dependents under certain conditions. These conditions are:

- Employee voluntarily terminates; or
- Employer terminates an employee for reasons other than layoff

If the employer requests a credit for the employee's pre-paid premium, this request form must be fully completed and faxed or e-mailed to ConnectiCare as noted above within 72 hours of the employee's termination. **If this form is received after the 72-hour period, the credit request will not be honored.** You must notify the terminated employee that you are taking this premium credit, and you must return any premium amounts the employee has paid to you. You must tell the terminated employee that he or she will have to pay the full premium amount if they are eligible for and elect continuation coverage.

**(Please print legibly)**

Employer Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee's  
Social Security #: \_\_\_\_\_

Employment

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

**(NOTE: Premium credit will be calculated beginning 72 hours after this date.)**

Employer confirms that this employment termination is not subject to a collectively bargained agreement requiring the employer to pay the insurance premium to be credited.

Signature of Benefit Administrator: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Benefit Administrator (Printed Name): \_\_\_\_\_