



1133 S.W. Topeka Boulevard, Topeka, KS 66629-0001  
Phone in Topeka (785)273-9804, in Kansas (800)530-5989  
Fax (785)290-0727 website: advanceinsurance.com

## Notice of Terminated Employees

- Continuation of coverage for employees that are not Actively Working the required hours each week is limited. If the absence is because of disability due to illness or injury, your group only has 12 months to either carry the coverage and/or submit a claim for Waiver of premium. If you have someone on your bill that has not been able to work the required hours each week because of an illness or injury that began more than three months ago, contact our office for more information about your options to continue the group coverage.
- If an employee wishes to drop an employee paid benefit, please complete a Request for Change form.
- If an employee wishes to drop an employer paid benefit, please have the employee complete a Waiver of Coverage Form and submit to our office.

Requested by: \_\_\_\_\_

Group Contact

\_\_\_\_\_

Company Name

\_\_\_\_\_

Group Number

Employee Name	SSN or Subscriber ID	Termination Reason (required)	Date of Termination

**Don't forget to provide each terminating employee with a Conversion Privilege form, AICK 12.**

It is the employer's responsibility to provide this form to a person losing their group life insurance as an employee or a dependent (if your group offers dependents insurance). See our website at [advanceinsurance.com](http://advanceinsurance.com) under the Forms tab to print a copy of this form from the Miscellaneous Forms for your terminating employee(s).